

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90038 015 ****50.00

DOCUMENT # L02000002766

1. Entity Name
HURRICANE FOODS CO., L.L.C.



Principal Place of Business
**3555 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33403**

Mailing Address
**3555 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33403**

40003412



2. Principal Place of Business
5220 Hood Road

3. Mailing Address
5220 Hood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Palm Beach Gardens, FL

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33418

33418

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number

75-2992227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAETA, NEIL J
3555 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33403**

7. Name and Address of New Registered Agent

Name
Gaeta, Neil J.

Street Address (P.O. Box Number is Not Acceptable)
5220 Hood Road

Suite 100

City

Palm Beach Gardens

FL

Zip Code
33418

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAETA, NEIL
3555 NORTH LAKE BLVD
WEST PALM BEACH, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GAETA, LOUIS A JR
3555 NORTH LAKE BLVD
WEST PALM BEACH, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5220 Hood Road, Suite 100
Palm Beach Gardens, FL 33418** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5220 Hood Road, Suite 100
Palm Beach Gardens, FL 33418** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/06

Date

(561) 627-1900

Daytime Phone #