

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 027 ****50.00

DOCUMENT # L03000033763

1. Entity Name
HURRICANE MOUNTAIN SOUND LLC



Principal Place of Business
416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983

Mailing Address
416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983

20023124



2. Principal Place of Business

1454 SW Medina Ave

Suite, Apt. #, etc.

3. Mailing Address

1454 SW Medina Ave

Suite, Apt. #, etc.

03122005 Chg-LLC CR2E083 (10/03)

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

20-0165509

Applied For

Not Applied

Zip
34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAWSON, STEWART M
416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

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

1454 SW Medina Ave

City

Port St Lucie

FL

Zip Code

34953

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/05

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLAWSON, STEWART M	
STREET ADDRESS	416 NE CAMELOT DRIVE 1454 SW Medina Ave	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983 34953	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLAWSON, JODI R	
STREET ADDRESS	416 NE CAMELOT DRIVE 1454 SW Medina Ave	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983 34953	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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]

3/11/05