

\$50.00

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056630

1. Entity Name  
HURRICANE TEST LABORATORY, LLC



Principal Place of Business  
6655 GARDEN RD  
RIVIERA BEACH, FL 33404

Mailing Address  
6655 GARDEN RD  
RIVIERA BEACH, FL 33404

FILED

05 MAR 24 AM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0432767

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, VINU J  
6655 GARDEN ROAD  
RIVIERA BEACH, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	ABRAHAM, VINU
STREET ADDRESS	147 CYPRESS COVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	SMITH, MILTON
STREET ADDRESS	70006 68TH ST.
CITY-ST-ZIP	LUBBOCK, TX 79424
TITLE	D
NAME	NORVILLE, SCOTT H
STREET ADDRESS	3123 19TH STREET
CITY-ST-ZIP	LUBBOCK, TX 79410
TITLE	D
NAME	MINOR, JOSEPH
STREET ADDRESS	712 WATER WOOD STREET
CITY-ST-ZIP	ROCKPORT, TX 78382
TITLE	D
NAME	BEERS, PAUL
STREET ADDRESS	141 RIVINIA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800049681398  
04/01/05--01064--003 \*\*200.00

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IN THIS SPACE**

4/3/31

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #