

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90066 002 ****50.00

DOCUMENT # L04000029006

1. Entity Name
HURRICANE HOLDINGS, L.L.C.



Principal Place of Business
413 SW SILVER PALM COVE
PORT ST LUCIE, FL 34986

Mailing Address
413 SW SILVER PALM COVE
PORT ST LUCIE, FL 34986

40059299



DO NOT WRITE IN THIS SPACE

04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1129623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARDOZA, ROBERT P
413 SW SILVER PALM COVE
PORT ST LUCIE, FL 34986

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARDOZA, ROBERT P
413 SW SILVER PALM COVE
PORT ST LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARDOZA, LORI E
413 SW SILVER PALM COVE
PORT ST LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: ROBERT CARDOZA MANAGER

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

Date

Daytime Phone #