

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082753

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** HURRICANE SAFETY PROTECTION, LLC

**Current Principal Place of Business:**

2968 NORTHFIELD DR  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

2968 NORTHFIELD DR  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOMMERS, THERESA  
5316 8TH STREET  
ZEPHYRHILLS, FL 33542 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CARECCIA, MICHAEL J  
Address: 2968 NORTHFIELD DR  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR ( ) Delete  
Name: CARECCIA, JOHN M  
Address: 456-7 LAKEVIEW DR  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL CARECCIA

MGR

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date