May 09 08 03:01p Michael Matakaetis

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08 JUN 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30007357

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009254

1. Entity Name
HURRICANE WINGS OF STUART, LLC

Principal Place of Business	Mailing Address
1729 SE INDIAN ST. STUART, FL 34994	1729 SE INDIAN ST. STUART, FL 34994

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3736935
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR.,ESQ
401 E. OSCEOLA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent

Name: Michael Matakaetis, Jr.
Street Address (P.O. Box Number is Not Acceptable): 1729 SE Indian St.
City: Stuart FL Zip Code: 34994

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: _____ DATE: 5/9/08

FILE NOW!! FEE: $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MATAKAETIS, MICHAEL J Jr. 1729 SE INDIAN ST. STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100131633561 06/24/08--01042--003 **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Matakaetis, Michael Sr. 4900 NE Spinnaker Pointe Place Stuart, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 5/9 CE 772-260-7882
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #