

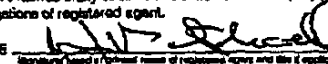
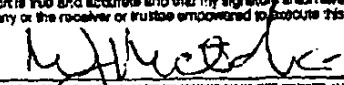
May 09 08 03:01p Michael Matakaetis

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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 1729 SE INDIAN ST. STUART, FL 34994		Mailing Address 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
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 GOODE, 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 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. 607.103(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--U1042--003 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Matakaetis, Michael Jr. 4400 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
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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 submit this report as required by Chapter 600, Florida Statutes. SIGNATURE:  DATE 5/9/08 TEL: 772-260-7832			