

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90018 022 ****50.00

DOCUMENT # L05000012685

1. Entity Name
HURRICANT LLC



Principal Place of Business
**13540 DORNOCH DR
ORLANDO, FL 32828 US**

Mailing Address
**13540 DORNOCH DR
ORLANDO, FL 32828 US**



2. Principal Place of Business

3. Mailing Address

PO Box 720040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Orlando FL

4. FEI Number
20-2288624

Applied For
Not Applicable

Zip

Country

Zip

32872

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGORY, MARK J
13540 DORNOCH DR
ORLANDO, FL 32828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCGORY, MARK J
718 TRACHT MEADOWS DR
HURON, OH 44839** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCGORY, BLAKE S
2605 MERRIWEATHER RD
SANDUSKY, OH 44870** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCGORY, JAMES G
317 SHAWNEE PL
HURON, OH 44839** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MINTZ, LESLE S
6406 CR 55
GIBSONBURG, OH 43431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEEMAN, ROBERT
206 N DEAN RD
ORLANDO, FL 32825** ☐ 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:

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

4/16/06 407-971-1134
Date Daytime Phone #