2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000070705**

**HURRICANE PROTECTION SPECIALISTS, LLC** 



**FILED** Jan 08, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

35.1

2975 SLED ROAD CHRISTMAS, FL 32709 2975 SLED ROAD CHRISTMAS, FL 32709



01032007No Chg-LLC

CR2E083 (11/05)

	4. FEI Number 20-3166487		-	Applied For Not Applicable
	20-3100407			Mot Applicable
1	5. Certificate of Status Desired		\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

LINCOLN, LEON 2975 SLED ROAD CHRISTMAS, FL 32709

DO NOT WRITE IN THIS SPACE THE CONTROL OF STREET STREET SIGN VERYER

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.

DATE

Filing Fee is \$50.00 Due by May 1, 2007

000000578562 01/09/07-80035-002 50.00

MANAGING MEMBERS/MANAGERS 9. BTLE LINCOLN, LEON 2975 SLED ROAD STREET ADDRESS City-ST-ZIP CHRISTMAS, FL 32709 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP A PAR-CONCE DARK NAME STATE BY MAY 1, 2007

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. 407-568-

HEING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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