

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90029 032 \*\*\*\*50.00

**DOCUMENT # L05000097333**

1. Entity Name

JC HURRICANE PROTECTION SYSTEMS, LC



Principal Place of Business

P. O. BOX 2970  
STUART FL 34995

Mailing Address

P. O. BOX 2970  
STUART FL 34995



2. Principal Place of Business

845 SW ENTERPRISE WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2970

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

51-0561902

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNOTT, PAMELA J  
212 S.W. 5TH STREET  
FIRST FLOOR  
STUART FL 34994

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME KIRCHNER, STEVEN A  
STREET ADDRESS P. O. BOX 2970  
CITY-ST-ZIP STUART FL 34995

TITLE MGR ☐ Delete  
NAME KNOTT, PAMELA J  
STREET ADDRESS P.O. BOX 2970  
CITY-ST-ZIP STUART FL 34995

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

PAMELA J. KNOTT

4-21-06

772-288-0665