

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90272 011 ****50.00

DOCUMENT # L05000113303

1. Entity Name
HURRICANES MADE SIMPLE, LLC



Principal Place of Business
**4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021**

Mailing Address
**4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021**

00004566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008 Chg-LLC CR2E083 (11/05)

4. FEI Number
562546319

Applied For
Not Applicable

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

**NATELSON, GERALD B
4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021**

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's signature required when reappointing)

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
NATELSON, GERALD B
4700 SHERIDAN STREET, SUITE J
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDEN, JOHN E.
4700 SHERIDAN STREET, SUITE J
HOLLYWOOD, FL 33021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERKOVITCH, ALEX
4700 SHERIDAN STREET, SUITE J
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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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: **Alex Berkovich 3/13/06**

954-448-1917

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

Date

Daytime Phone #