

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033902

Entity Name: FIRST HURRICANE SERVICES, LLC

FILED
Jan 27, 2007
Secretary of State

Current Principal Place of Business:

469 COOPERWOOD RD.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

814 GOVERNORS DR.
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 629
WOODVILLE, FL 32362

New Mailing Address:

814 GOVERNORS DR.
TALLAHASSEE, FL 32301

FEI Number: 01-0861449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFF, AL
469 COOPERWOOD RD.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

HUFF, AL
814 GOVERNORS DR.
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: AL HUFF

01/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUFF, AL
Address: PO BOX 629
City-St-Zip: WOODVILLE, FL 32362

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUFF, AL
Address: 814 GOVERNORS DR.
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AL HUFF

MGRM

01/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date