

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000064048

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** THE HURRICANE POLICE, LLC

**Current Principal Place of Business:**

2830 MANATEE AVE. EAST (SR 64)  
SUITE #9001  
BRADENTON, FL 34208 US

**New Principal Place of Business:**

601 N. WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 US

**Current Mailing Address:**

2830 MANATEE AVE. EAST (SR 64)  
SUITE #9001  
BRADENTON, FL 34208 US

**New Mailing Address:**

601 N. WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 US

**FEI Number:** 20-5101345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOODMAN, ERIC  
7252 PRESIDIO GLEN  
BRADENTON, FL 34202 US

**Name and Address of New Registered Agent:**

GOODMAN, ERIC J  
7252 PRESIDIO GLEN  
BRADENTON, FL 34202 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: ERIC J. GOODMAN

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOODMAN, ERIC  
Address: 7252 PRESIDIO GLEN  
City-St-Zip: BRADENTON, FL 34202 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOODMAN, ERIC J  
Address: 7252 PRESIDIO GLEN  
City-St-Zip: BRADENTON, FL 34202 US

I hereby certify that the information supplied with this filing does not qualify 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: ERIC J. GOODMAN

PRES

10/31/2008

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