

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090634

FILED
Feb 05, 2008
Secretary of State

Entity Name: HURRICORP., LLC

Current Principal Place of Business:

4519 SE 16TH PLACE, SUITE #109
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O THE LIVINGSTON FIRM
963 TRAIL TERRACE DR.
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-5551191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M ESQ.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REIFF, GEORGE R
Address: 23219 FOXBERRY LANE
City-St-Zip: BONITA SPRINGS, FL 39135 US

Title: MGRM () Delete
Name: MILLER, JOHN E JR.
Address: 5260 CEDAR BEND DRIVE
City-St-Zip: FORT MYERS, FL 32919 US

Title: MGRM () Delete
Name: GONZALEZ, ABRAHAM E
Address: 6057 POMPANO STREET
City-St-Zip: FORT MYERS, FL 33913 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE R. REIFF

MGRM

02/05/2008

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