

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090634

FILED  
Apr 04, 2009  
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:**

23219 FOXBERRY LANE  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

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

**New Mailing Address:**

23219 FOXBERRY LANE  
BONITA SPRINGS, FL 34135 US

FEI Number: 20-5551191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 (X) 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: MGRM (X) Change ( ) Addition  
Name: REIFF, CLARENCE R M  
Address: 168 NEW GALENA RD.  
City-St-Zip: LINE LEXINGTON, PA 18932 US

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

04/04/2009

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