

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090802

Entity Name: HURRICANE SAFE, LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

555 BOW LINE DR  
NAPLES, FL 341034730 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 BOW LINE DR  
NAPLES, FL 341034730 US

**New Mailing Address:**

FEI Number: 20-5609549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAHBEY, ALBERT K  
555 BOW LINE DR  
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: RYAN, GEORGE JR.  
Address: 2101 TARPON RD  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM ( ) Delete  
Name: WAHBEY, ALBERT K  
Address: 555 BOWLINE DRIVE  
City-St-Zip: NAPLES, FL 341034730 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALBERT, WAHBEY K  
Address: 555 BOW LINE DR  
City-St-Zip: NAPLES, FL 341034730 US

Title: MGRM (X) Change ( ) Addition  
Name: RYAN, GEORGE JR.  
Address: 2101 TARPON RD  
City-St-Zip: NAPLES, FL 34102 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: ALBERT K. WAHBEY

MGRM

04/07/2009

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