

LOT 0000 49480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

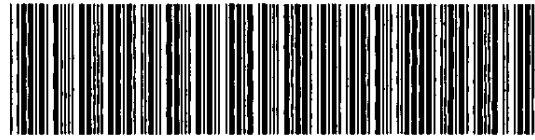
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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LOT- 49480



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2007

CRAIG MASON  
5220 HOOD ROAD  
SUITE 100  
PALM BEACH GARDENS, FL 33418

SUBJECT: HURRICANE CORP. LLC  
Ref. Number: L07000049480

We have received your document for HURRICANE CORP. LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file the resignation is \$25.00 for each one. A total of \$50.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 407A00043124

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HURRICANE CORP., LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CRAIG R. MASON  
(Contact Person)

HURRICANE CORP., LLC  
(Firm/Company)

5220 HOOD ROAD, SUITE 100  
(Address)

PALM BEACH GARDENS, FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG R. MASON at (561) 627-1900  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HURRICANE CORP., LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
LO7000049480

4. I, NEIL J. GAETA, hereby resign as a MANAGING MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager  
NEIL J. GAETA, MANAGING MEMBER

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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