2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# L07000051198

Entity Name: HURRICANE SPECIALISTS OF FLORIDA, LLC

Current Principal Place of Business:

11935 NW 37TH STREET
CORAL SPRINGS, FL, 33065

New Principal Place of Business:

11935 NW 37TH STREET
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

11935 NW 37TH STREET
CORAL SPRINGS, FL, 33065

New Mailing Address:

11935 NW 37TH STREET
CORAL SPRINGS, FL 33065 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOCKE, RICHARD A
11935 NW 37TH STREET
CORAL SPRINGS, FL 33065 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: FOCKE, RICHARD A
Address: 11935 NW 37TH STREET
City-St-Zip: CORAL SPRING, FL 33065

Title: MGR ( ) Delete
Name: FOCKE, HENRY R JR.
Address: 13000 NW 1ST STREET
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES:

Title: MMGR (X) Change ( ) Addition
Name: FOCKE, RICHARD A
Address: 11935 NW 37TH STREET
City-St-Zip: CORAL SPRING, FL 33065

Title: MGRM (X) Change ( ) Addition
Name: FOCKE, HENRY R JR.
Address: 13000 NW 1ST STREET
City-St-Zip: PLANTATION, FL 33325

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: RICHARD A FOCKE PRES 04/26/2008

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