

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 23 AM 8:59

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002397

HURRICANES GOLF, L.C.
9400 S.W. 130 AVENUE
MIAMI FL 33186

1a. Principal Place of Business Address

9400 S.W. 130 AVENUE
MIAMI FL 33186

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/23/1998

FL

4. FEI Number

☐ Applied For

City & State

City & State

65-0874866

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

WEITZMAN, JACK L ESQ.
9190 SUNSET DRIVE
MIAMI FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGRM A.T.K., INC.

9400 S.W. 130 AVENUE

MIAMI FL

MGRM C.T.D., INC.

14048 S.W. 83 PLACE

MIAMI FL

4000002946584--2

-07/30/99--01106--014

*****38.75 *****38.75

05/19/99-90022-001

\$150.00

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Signature Printed