

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000064331

**FILED**  
**Feb 15, 2022**  
**Secretary of State**  
**2882501629CC**

**Entity Name:** HAWK INSPECTIONS LLC

**Current Principal Place of Business:**

5663 SE POT O GOLD PL  
STUART, FL 34997

**Current Mailing Address:**

5663 SE POT O GOLD PL  
STUART, FL 34997 US

**FEI Number:** 46-2813292

**Certificate of Status Desired:** No

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

NACAMULI, LOUIS  
5663 SE POT O GOLD PL  
STUART, FL 34997 US

*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:** LOUIS NACAMULI

02/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NACAMULI, LOUIS  
Address 5663 SE POT O GOLD PL  
City-State-Zip: STUART FL 34997

Title VP  
Name NACAMULI, LOUIS  
Address 5663 SE POT O GOLD PL  
City-State-Zip: STUART FL 34997

Title AP  
Name NACAMULI, LOUIS  
Address 5663 SE POT O GOLD PL  
City-State-Zip: STUART FL 34997

Title ASST  
Name NACAMULI, LOUIS  
Address 5663 SE POT O GOLD PL  
City-State-Zip: STUART FL 34997

Title EMP  
Name NACAMULI, LOUIS  
Address 5663 SE POT O GOLD PL  
City-State-Zip: STUART FL 34997

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUIS NACAMULI

MGR

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date