

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000388975

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**2733301111CC**

**Entity Name:** HBK IT LLC

**Current Principal Place of Business:**

6603 SUMMIT DRIVE  
CANFIELD, OH 44406

**Current Mailing Address:**

6603 SUMMIT DRIVE  
CANFIELD, OH 44406 US

**FEI Number:** 83-2599200

**Certificate of Status Desired:** No

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

DELUCA, MICHAEL  
3838 TAMiami TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HBK PROFESSIONAL LLC  
Address 6603 SUMMIT DR  
City-State-Zip: CANFIELD OH 44406

Title MGR  
Name NELSON, BRUCE  
Address 16056 WEST 94TH DR  
City-State-Zip: ARVADA CO 80007

Title MGR  
Name SPECA, BENJAMIN  
Address 2030 STERLING DR  
City-State-Zip: MCDONALD PA 15057

Title MGR  
Name BLASKO, DAVID  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406

Title MGR  
Name DELUCA, MICHAEL  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406

Title MGR  
Name ANGELO, THOMAS  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406

Title MGR  
Name GARGANO, MARTIN  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406

Title CEO  
Name ALLEGRETTI, CHRISTOPHER  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406

**Continues on page 2**

*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:** LEANNAH HOSTETLER

**CFO**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title CFO  
Name HOSTETLER, LEANNAH  
Address 6603 SUMMIT DRIVE  
City-State-Zip: CANFIELD OH 44406