

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046671

Entity Name: HAWKEYE SIGN CO., LLC

FILED  
Mar 15, 2008  
Secretary of State

**Current Principal Place of Business:**

1377 AIRPORT PULLING ROAD NORTH  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

1377 AIRPORT PULLING ROAD NORTH  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 54-2134106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUSTIN, ARLENE F  
700 11TH SOUTH  
NAPLES, FL 34102 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: AMUNDSON, MICHAEL D  
Address: 1303 LASTRADA LANE  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: AMANDSON, JULIA  
Address: 1303 LASTRADA LN  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMUNDSON, MICHAEL D  
Address: 1303 LASTRADA LANE  
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Change ( ) Addition  
Name: AMUNDSON, JULIA  
Address: 1303 LASTRADA LN  
City-St-Zip: NAPLES, FL 34103

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: MICHAEL AMUNDSON

MGRM

03/15/2008

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