


# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008100		
1. Entity Name H.A.W., LLC		

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 11 PM 2:44

Principal Place of Business 676 W PROSPECT RD FT LAUDERDALE, FL 33309	Mailing Address 676 W PROSPECT RD FT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05132010 Chg-LLC CR2E083 (11/08)

4. FEI Number 20-0689999		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HAWTHORNE, JEFFREY 676 W PROSPECT RD FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWTHORNE, JEFREY 676 W PROSPECT RD FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/14/10--01002--008 \*\*138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: <u>Jeffrey Hawthorne</u>	Date: <u>6/14/10</u>	Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

2010 JUN 11 2010