

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 17 AM 10:12

DOCUMENT # L04000028521

1. Entity Name
HAWKEYE CONSTRUCTION, LLC



Principal Place of Business
1983 PGA BLVD., SUITE 103
PALM BEACH GARDENS, FL 33408

Mailing Address
1983 PGA BLVD., SUITE 103
PALM BEACH GARDENS, FL 33408

2. Principal Place of Business
4613 N. University Dr.
Suite, Apt. #, etc.
Suite 476

3. Mailing Address
4613 N. University Dr.
Suite, Apt. #, etc.
Suite 476

08092005 Chg-LLC CR2E083 (10/03)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
56-2453393

Applied For
Not Applicable

Zip
33067

Country
Broward

Zip
33067

Country
Broward

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, FRED C
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name
Scott J. Leitten
Street Address (P.O. Box Number is Not Acceptable)
1001 N. U.S. Highway One, Suite 400
City
Jupiter FL Zip Code
33477

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 *Scott J. Leitten*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-9-05
DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
DEANGELIS, DANIEL ☐ Delete
STREET ADDRESS
1983 PGA BLVD., SUITE 103
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33408

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
MGR, Vice President ☒ Change ☐ Addition
DeAngelis, Daniel
STREET ADDRESS
4613 N. University Dr., Suite 476
CITY-ST-ZIP
Coral Springs, FL 33067

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
08/23/05--01058--004 **\$50.00

TITLE
NAME
President ☐ Change ☒ Addition
Mulligan, Chad
STREET ADDRESS
4613 N. University Dr., Suite 476
CITY-ST-ZIP
Coral Springs, FL 33067

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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: *Chad Mulligan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Chad Mulligan has. 8/15/05 954-955-2889