

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028521

1. Entity Name
HAWKEYE CONSTRUCTION, LLC



Principal Place of Business
4613 N UNIVERSITY DR
SUITE 476
CORAL SPRINGS, FL 33067

Mailing Address
4613 N UNIVERSITY DR
SUITE 476
CORAL SPRINGS, FL 33067



07102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2453393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEITTEN, SCOTT J
1001 N US HIGHWAY ONE
SUITE 400
JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MULLIGAN, CHAD
STREET ADDRESS	4613 N UNIVERSITY DR, SUITE 476
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

TITLE	VP
NAME	DEANGELIS, DANIEL
STREET ADDRESS	4613 N UNIVERSITY DR, SUITE 476
CITY-ST-ZIP	CORAL GABLES, FL 33067

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

000000570220
07/14/06-80004-007 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/12/06 951-755-2939

Date

Daytime Phone #