2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045787

HAWK ENTERPRISES, LLC

Principal Place of Business

2020 CLARKE AVENUE FORT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

Mailing Address

2020 CLARKE AVENUE FORT MYERS, FL 33905 US.

FILED Feb 19, 2008 08:00 AM Secretary of State



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 55-0877682

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POTTER, CHARLES W 2020 CLARKE AVENUE FORT MYERS, FL 33905

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

(NOTE: Registered Agent signature required when rainstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

. 1900000831883 02/27/08-80036-020 143.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTTER, CHARLES W 2020 CLARKE AVENUE FORT MYERS, FL 33905	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the e		

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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.

Charles W. Potter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

239-770-2932