


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000086663	
1. Entity Name MEADOWHAWK, LLC	

Principal Place of Business 8910 ASTRONAUT BOULEVARD CAPE CANAVERAL, FL 32920	Mailing Address 8910 ASTRONAUT BOULEVARD CAPE CANAVERAL, FL 32920
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4205623	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TERAN, ALFREDO J 8910 ASTRONAUT BOULEVARD CAPE CANAVERAL, FL 32920

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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
After May 1, 2008 Fee will be \$538.75

U000000351203
06/04/08-80024-001 543.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERAN, ALFREDO J 8910 ASTRONAUT BOULEVARD CAPE CANAVERAL, FL 32920
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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.

A. May

SIGNATURE: _____ **5-7-08** **321-783-7989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #