

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90317 008 \*\*\*\*50.00

**DOCUMENT # L05000120448**

1. Entity Name  
**LESLIE HAWK, LLC**



Principal Place of Business  
**14101 RACE TRACK ROAD  
TAMPA, FL 33626**

Mailing Address  
**14101 RACE TRACK ROAD  
TAMPA, FL 33626**

**60048993**



2. Principal Place of Business - No P.O. Box #  
**14905 PINEAPPLE LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**14905 PINEAPPLE LANE**  
Suite, Apt. #, etc.

04252007 Chg-LLC CR2E083 (12/06)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**20-3993569**  
Applied For  
Not Applicable

Zip  
**33626** Country  
**USA**

Zip  
**33626** Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNLEE, HUNTER J  
FOWLER WHITE BOGGS BANKER P.A.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **BISHOP, WILLIAM L**  
STREET ADDRESS **14101 RACE TRACK RD**  
CITY-ST-ZIP **TAMPA, FL 33626**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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]*

**WILLIAM L BISHOP**  
**MANAGER**

**5/1/07 813-926-7900**

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

Date

Daytime Phone #