

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005094

Entity Name: HAWK'S VIEW, LLC

FILED  
Feb 27, 2009  
Secretary of State

**Current Principal Place of Business:**

4178 BAHIA ISLE CIRCLE  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

4178 BAHIA ISLE CIRCLE  
WELLINGTON, FL 33449

**New Mailing Address:**

FEI Number: 20-4153714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DR., STE. 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAULSON, MICHAEL  
Address: 4178 BAHIA ISLE CIRCLE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGR ( ) Delete  
Name: PAULSON, VICKY  
Address: 4178 BAHIA ISLE CIRCLE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGR ( ) Delete  
Name: D'ANTONIO, HEATHER  
Address: 753 CABLE BEACH LANE  
City-St-Zip: NORTH PALM BEACH, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VICKY PAULSON

MGR

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date