

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000075306

1. Entity Name
REW HAWKS, LLC



Principal Place of Business

**1485 INTERNATIONAL PARKWAY
SUITE 1001
HEATHROW, FL 32746**

Mailing Address

**1485 INTERNATIONAL PARKWAY
SUITE 1001
HEATHROW, FL 32746**



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8822994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIPSON, GARY D
390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801**

**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 of the registered agent and filed if applicable

(NOTE: Registered Agent signature required when not signing)

(DATE)

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MM
LEWIS, MICHAEL E
1485 INTERNATIONAL PARKWAY, SUITE 1001
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MM
WESLEY, RICHARD E
1469 NORTH NEW YORK STREET
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MM
CERABINO, JOHN H
1469 NORTH NEW YORK STREET
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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02/29/08-80008-001 555.00

**DO NOT WRITE
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

Date

Signature Printed Name

AGENCY AUTHORIZED REPRESENTATIVE 2/18/08