

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 03, 2008 8:00 am
Secretary of State

01-24-2008 90067 022 ***138.75

DOCUMENT # L06000114561 1. Entity Name REDHAWK PARTNERS, L.L.C.																											
Principal Place of Business 3914 WEST RIVERSIDE DRIVE FT MYERS, FL 33901		Mailing Address 3914 WEST RIVERSIDE DRIVE FT MYERS, FL 33901																									
2. Principal Place of Business - No P.O. Box # 14311 Metropolis Ave Suite, Apt. #, etc. Suite 101 City & State Fort Myers, FL Zip 33912 Country		3. Mailing Address 14311 Metropolis Ave Suite, Apt. #, etc. Suite 101 City & State Fort Myers, FL Zip 33912 Country																									
4. FEI Number 20-5959270		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01092008 Chg-LLC CR2E083 (12/08)																									
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name William Ennen Street Address (P.O. Box Number is Not Acceptable) 14311 Metropolis Ave Suite 101 City Fort Myers FL Zip Code 33912																									
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 <u><i>William C Ennen</i></u> DATE <u>1-12-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ENNEN, WILLIAM C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3914 WEST RIVERSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT MYERS, FL 33901</td> <td></td> </tr> </table>		TITLE	MGR	☐ Delete	NAME	ENNEN, WILLIAM C		STREET ADDRESS	3914 WEST RIVERSIDE DRIVE		CITY-ST-ZIP	FT MYERS, FL 33901		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">14311 Metropolis Ave</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Suite 101</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Fort Myers, FL 33912</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	14311 Metropolis Ave	☒ Change ☐ Addition	NAME	Suite 101		STREET ADDRESS	Fort Myers, FL 33912		CITY-ST-ZIP		
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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.																											
SIGNATURE: <u><i>William C Ennen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <u>1-12-08</u> DAYTIME PHONE: <u>239-454-9157</u>																									