

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198807

**Entity Name:** HAWKS SECURITY SOLUTIONS, LLC

**Current Principal Place of Business:**

800 WEST OAKLAND PARK BLVD  
SUITE 216  
WILTON MANERS, FL 33311

**Current Mailing Address:**

PO BOX 9101  
FORT LAUDERDALE, FL 33310 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MOREAU, BUTLER  
800 WEST OAKLAND PARK BLVD  
SUITE 216  
WILTON MANERS, FL 33311 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MOREAU, BUTLER  
Address 800 WEST OAKLAND PARK BLVD  
SUITE 216  
City-State-Zip: WILTON MANERS FL 33311

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BUTLER MOREAU

**MANAGER**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date