SIGNATURE: GABRIEL FERNANDEZ

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030911

Entity Name: HAMMER ENTERPRISES, LLC

Current Principal Place of Business:

2520 NW 97 AVE #210 DORAL, FL 33172

Current Mailing Address:

2520 NW 97 AVE #210 DORAL, FL 33172

FEI Number: 32-0134909

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FERNANDEZ, GABRIEL 2520 NW 97 AVE. #210 DORAL, FL 33172 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:

Authorized Person(s) Detail

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	FERNANDEZ, GABRIEL	Name	FERNANDEZ, CHRISTINA M
Address	2520 NW 97 AVE. #210	Address	2520 NW 97 AVE. #210
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

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

MANAGER 03/25/2014

Date

FILED Mar 25, 2014 Secretary of State CC4448922107

Certificate of Status Desired: No

Date