Electronic Signature of Signing Authorized Person(s) Detail

#### 2015 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:

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:

# Electronic Signature of Registered Agent

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

## SIGNATURE: GABRIEL FERNANDEZ

MANAGER

04/14/2015 Date

Date

FILED Apr 14, 2015 Secretary of State CC5602312848

Certificate of Status Desired: No