

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068356

Entity Name: HALFWAY HAMMOCK, LLC

Current Principal Place of Business:

3330 FRIARS COVE ROAD
ST CLOUD, FL 34772

Current Mailing Address:

3330 FRIARS COVE ROAD
ST CLOUD, FL 34772 US

FEI Number: 20-3139284

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALLACE, JUDITH P
3330 FRIARS COVE ROAD
ST CLOUD, FL 34772 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 WALLACE, JUDITH P
Address 3330 FRIARS COVE ROAD
City-State-Zip: ST CLOUD FL 34772

Title MGRM
Name WALLACE, JACK B
Address 3330 FRIARS COVE ROAD
City-State-Zip: ST CLOUD FL 34772

Title MGRM
Name CALDERON, EDWARD J
Address 3340 FRIARS COVE ROAD
City-State-Zip: ST CLOUD FL 34772

Title MGRM
Name CALDERON, DUSTIN S
Address 3334 FRIARS COVE ROAD
City-State-Zip: ST CLOUD FL 34772

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: JUDITH P WALLACE

MGR

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date