

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078169

Entity Name: HAMMERTIME SAILING, LLC**Current Principal Place of Business:**4490 PLAYER ST
HOLLYWOOD, FL 33021**Current Mailing Address:**4490 PLAYER ST
HOLLYWOOD, FL 33021**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMMERMAN, MARC
4490 PLAYER ST
HOLLYWOOD, FL 33021 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	HAMMERMAN, MARC
Address	4490 PLAYER ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGRM
Name	HAMMERMAN, VIVIAN
Address	4490 PLAYER ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGRM
Name	SHAINBERG, ELYSHA
Address	4080 N 41 ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGRM
Name	HAMMERMAN, BARRY
Address	12 LAKEVIEW DR
City-State-Zip:	W ORANGE NJ 07052

Title	MGRM
Name	HAMMERMAN, JASON
Address	4490 PLAYER ST
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGRM
Name	HAMMERMAN, ESTHER
Address	4490 PLAYER ST
City-State-Zip:	HOLLYWOOD FL 33021

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: MARC HAMMERMAN**PRESIDENT****04/17/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date