

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000164511

Entity Name: HAMMOCK BEACH CONSULTING LLC**Current Principal Place of Business:**60 SURFVIEW DR., #408
PALM COAST, FL 32137**Current Mailing Address:**60 SURFVIEW DR
#408
PALM COAST, FL 32137 US**FEI Number:** 47-5042489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DAVID
60 SURFVIEW DR., #408
PALM COAST, FL 32137 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:** DAVID JONES

01/13/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	JONES, DAVID J
Address	60 SURFVIEW DR., #408
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	JONES, ANDREW LLOYD
Address	60 SURFVIEW DR., #408
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	JONES, ALEXANDER ROBERT
Address	1814 QUEENS WAY
City-State-Zip:	CHAMBLEE GA 30342

Title	DIRECTOR OF LOGISTICS
Name	HAUTH, CASSANDRA
Address	60 SURFVIEW DR., #408
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR OF HR
Name	HUNTER, NANCY
Address	60 SURFVIEW DR., #408
City-State-Zip:	PALM COAST FL 32137

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: ANDREW JONES

DIRECTOR

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date