2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000009885 1. Entity Name 7HAMMER, L.L.C.						FILE			
/ MAIVIIVIEN	1, L.L.O.					01 APR 23 F	PM 2: 55	i	
Principal Place of Business Mailing Address 719 NORTH MASSACHUSETTS AVENUE 719 NORTH MASSACHUSE LAKELAND FL 33801 LAKELAND FL 33801				ETTS AVENUE		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
LARELAND FL S	33801	ERACCAI	10 12 00001			:	. Bini 48 00 88 00 88 0	H i 1 410 1 (1111)	
2. Principal Plac	ace of Business	3. Mailing	Address						
		Suito A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #,	er, etc.	Suite, A					12 114 17 110 37		
City & State		City & S	State		4. FEIN	umber			plied For t Applicable
Zip	Country	Zip		Country	5. Certif	cate of Status Desired	□ \$	5.00 Add	litional
	6. Name and Address of Curre	ent Registered A	\gent		7. Name	and Address of New F			
RAMIREZ, I	NODA	-	•	Name					
	H MASSACHUSETTS AVENUE	.			Address (P.O. Box N	umber is Not Acceptable	e) 		
LAKELAND									
				City	ı		FL	Zip Code	9
	named entity submits this statemen	at for the nurnose	of changing its	registered office o	r registered agent,	or both, in the State of Fk	orida.		
8. The above na	lattied entity subitilis this statement	it to the purpose	rui changing na i	ogistoroa emee e	•				
8. The above na	idified entity subtritis this statemen	in for the purpose	roi changing its i	ogiatoroa omoo c	•				
CICNATURE	Signature, typed or printed name of registered as				ture required when reinstati	ig)	DATE		
CICNATURE			ole. (NOTE:	Registered Agent signs	ture required when reinstati	9)	DATE	184 120	 3
CICNATURE		gent and title if applicab	FILE NC	Registered Agent signa	ture required when reinstati	**************************************	DATE 163:	184· 120	036
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicab	FILE NO	Registered Agent signa	ture required when reinstati	**************************************	DATE 163: 3/0101 \$50.00	:120~~!	036
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