

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

06-04-2002 90220 031 ***450.00
07-16-2002 90372 009 ****50.00

DOCUMENT # L01000021676

1. Entity Name

THE HAMMOCK GROUP, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

165 Arlington Rd
Suite, Apt. #, etc.

3. Mailing Address

165 Arlington Rd
Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax FL

4. FEI Number

01-0731938

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

L. Charles Mann

Street Address (P.O. Box Number is Not Acceptable)

City

165 Arlington Rd

Jax

FL

Zip Code

32211

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

mgrm

L. Charles Mann

165 Arlington Rd

Jax FL 32211

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

mgrm

Leigh B. Broward

1229 Forest Oak Dr

Neptune Bch, FL 32246

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

L. Charles Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm L. Charles Mann 165 Arlington Rd Jax FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Leigh B. Broward 1229 Forest Oak Dr Neptune Bch, FL 32246
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COPY

CR2E0R3B (12/01)

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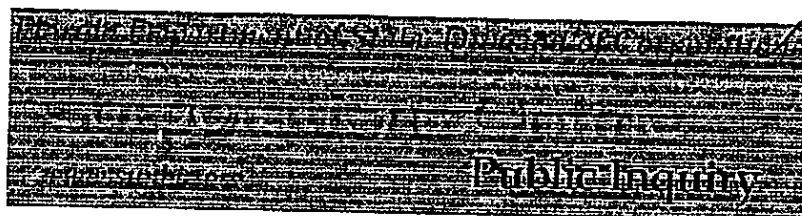
SIGNATURE:

L. Charles Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

D-10

Department of State

*Attachment*

97510

Florida Limited Liability

THE HAMMOCK GROUP, LLC

PRINCIPAL ADDRESS
165 ARLINGTON ROAD
JACKSONVILLE FL 32211

MAILING ADDRESS
165 ARLINGTON ROAD
JACKSONVILLE FL 32211

Document Number
L01000021676

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
12/14/2001

Effective Date
NONE

Total Contribution
0.00

Registered Agent**Name & Address**

MANN, L. CHARLES
165 ARLINGTON ROAD
JACKSONVILLE FL 32211

Manager/Member Detail

Name & Address	Title
MANN, L. CHARLES 165 ARLINGTON ROAD JACKSONVILLE FL 32211	MGRM
BROWARD, LEIGH R 1229 FOREST OAK DRIVE NEPTUNE BEACH FL 32266	MGRM