

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90089 013 ****50.00

DOCUMENT # L02000013747

1. Entity Name
R D HAMMOCKS, LLC



Principal Place of Business
2100 CONSTITUTION BLVD
SARASOTA, FL 34231

Mailing Address
2100 CONSTITUTION BLVD
SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

07052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0707991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, DAVID
2100 CONSTITUTION BLVD #110
SARASOTA, FL 34231

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE VP
NAME ANDERSON, BRIAN
STREET ADDRESS 2100 CONSTITUTION BLVD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE P
NAME FIELDS, DAVID
STREET ADDRESS 2100 CONSTITUTION BLVD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

7.5.05

(941) 926-9614