

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090043

Entity Name: HACKBERRY HAMMOCK, LLC

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6153 SOUTH U.S. #1  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

6153 SOUTH US HWY 1  
FORT PIERCE, FL 34982

**Current Mailing Address:**

6153 SOUTH U.S. #1  
FORT PIERCE, FL 34982

**New Mailing Address:**

6153 SOUTH US HWY 1  
FORT PIERCE, FL 34982

FEI Number: 20-1997573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMER, SAMUEL P  
6153 SOUTH U.S. #1  
FORT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

COMER, SAMUEL P  
6153 SOUTH US HWY 1  
FORT PIERCE, FL 34982 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: SAMUEL P. COMER

01/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COMER, SAMUEL P  
Address: 6153 SOUTH US HWY 1  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM  
Name: HAYSLIP, NORMAN E  
Address: 6153 SOUTH US HWY 1  
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SAMUEL P COMER

MGRM

01/15/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date