

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017779

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE HAMMOCK GROUP LLC

Current Principal Place of Business:

104 SURFVIEW DR. #2108
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

104 SURFVIEW DR. #2108
PALM COAST, FL 32137

New Mailing Address:

104 SURFVIEW DR.
#2108
PALM COAST, FL 32137

FEI Number: 20-2406426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMACHER, GREGG
104 SURFVIEW DR. #2108
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUMACHER, JASON
Address: 5300 SO. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA, FL 32169

Title: MGRM () Delete
Name: SCHUMACHER, RYAN
Address: 448 BAYFIELD DR.
City-St-Zip: WILMINGTON, NC 28411

Title: MGRM () Delete
Name: SCHUMACHER, BRAD
Address: 39 W 173 CRESCENT LANE
City-St-Zip: ST. CHARLES, IL 60175

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHUMACHER, JASON
Address: 4610 DORIS
City-St-Zip: NEW SMYRNA, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGG SCHUMACHER

MGR

01/07/2008

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