

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000083613

**FILED**  
**May 07, 2012**  
**Secretary of State**

**Entity Name:** HAMMOCK BUILDERS, LLC

**Current Principal Place of Business:**

271 OLD MOODY BLVD.  
PALM COAST, FL 32164

**New Principal Place of Business:**

299 OLD MOODY BLVD.  
PALM COAST, FL 32164

**Current Mailing Address:**

271 OLD MOODY BLVD.  
PALM COAST, FL 32164

**New Mailing Address:**

299 OLD MOODY BLVD.  
PALM COAST, FL 32164

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SMITH, LISA  
271 OLD MOODY BLVD.  
PALM COAST, FL 32164 US

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

SMITH, LISA  
299 OLD MOODY BLVD.  
PALM COAST, FL 32164 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: LISA SMITH

05/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITH, LISA  
Address: 299 OLD MOODY BLVD.  
City-St-Zip: PALM COAST, FL 32164

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: LISA SMITH

MGR

05/07/2012

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