

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025501

FILED
Mar 23, 2010
Secretary of State

Entity Name: HAMMOCK INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

501 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

2020 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

501 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

New Mailing Address:

2020 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

FEI Number: 26-4474759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, DAVID A
501 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

BURT, CHRISTOPHER P
2020 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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: CHRISTOPHER BURT

03/23/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BURT, DAVID A
Address: 501 S. RIDGEWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM
Name: BURT, CHRISTOPHER P
Address: 2020 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL 32207

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: CHRISTOPHER BURT

MM

03/23/2010

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