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10 DEC - 1 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: ☒ Registration Section  
Division of Corporations

SUBJECT: Hammock Luxury Realty LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRAIG STRAKY  
Name of Person  
Hammock Luxury Realty, LLC  
Firm/Company  
389 Palm Coast Parkway #4  
Address  
Palm Coast, FL 32137  
City/State and Zip Code  
CRAIG@LUXURYTEAMFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG STRAKY at (386) 338-5000  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Hammock Luster

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SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10 DEC 1981 BY 10411/MS/8

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROSE MARSI	389 PALM COAST Pkwy #4 PALM COAST, FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CRAIG STRAKY	389 PALM COAST Pkwy #4 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 19, 2010.

Craig Straky  
Signature of a member or authorized representative of a member

CRAIG STRAKY  
Typed or printed name of signee