

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000115424

**FILED**  
**Jan 08, 2013**  
**Secretary of State**

**Entity Name:** HAMMOCK & ASSOCIATES, PLLC

**Current Principal Place of Business:**

4237 SALISBURY ROAD  
BLDG. 1, SUITE 100  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4237 SALISBURY ROAD  
BLDG. 1, SUITE 100  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 27-1467336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMMOCK, MICHAEL  
434 TRIPLE CROWN LANE  
SAINT JOHNS, FL 32259 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:** MICHAEL HAMMOCK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HAMMOCK, MICHAEL  
**Address:** 4237 SALISBURY ROAD, BLDG. 1, SUITE 100  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

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:** MICHAEL HAMMOCK

MGRM

01/08/2013

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