

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000124582

Entity Name: HAMMOCK SUNRISE, LLC

Current Principal Place of Business:

24711 HARBOUR VIEW DRIVE
PONTE VEDRA, FL 32082

Current Mailing Address:

24711 HARBOUR VIEW DRIVE
PONTE VEDRA, FL 32082 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINCOMB, MYRON
24711 HARBOUR VIEW DRIVE
PONTE VEDRA, FL 32082 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name PINCOMB, MYRON
Address 24711 HARBOUR VIEW DRIVE
City-State-Zip: PONTE VEDRA FL 32082

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MYRON PINCOMB

OWNER

08/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date