

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000107286

**Entity Name:** RAFFA HAMMOND GROUP, LLC

**Current Principal Place of Business:**

2175 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

2175 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955

**FEI Number: 81-2848708**

**Certificate of Status Desired: No**

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

HAMMOND, WADE H  
2175 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955 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                  | Title           | MGR                  |
| Name            | HAMMOND, WADE H      | Name            | RAFFA, MATTHEW       |
| Address         | 2175 ROCKLEDGE DRIVE | Address         | 1240 SUNSET DRIVE    |
| City-State-Zip: | ROCKLEDGE FL 32955   | City-State-Zip: | WINTER PARK FL 32789 |

*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: WADE HAMMOND**

**MANAGER**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date