

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000356499

**Entity Name:** DFILP HAMMOND, LLC**Current Principal Place of Business:**C/O AUBURNDALE PROPERTIES, INC.  
50 TICE BLVD., SUITE 320  
WOODELIFF LAKE, NJ 07677**Current Mailing Address:**C/O AUBURNDALE PROPERTIES, INC.  
50 TICE BLVD., SUITE 320  
WOODELIFF LAKE, NJ 07677 US**FEI Number:** 88-3900766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	AMBR
Name	DEMPSEY FAMILY INVESTMENTS LIMITED PARTNERSHIP
Address	C/O AUBURNDALE PROPERTIES, INC. 50 TICE BLVD., SUITE 320
City-State-Zip:	WOODELIFF LAKE NJ 07677

Title	AMBR
Name	BJD HOLDINGS, LLC
Address	C/O AUBURNDALE PROPERTIES, INC. 50 TICE BLVD., SUITE 320
City-State-Zip:	WOODELIFF LAKE NJ 07677

Title	MGR
Name	BENJAMIN DEMPSEY
Address	C/O AUBURNDALE PROPERTIES, INC. 50 TICE BLVD., SUITE 320
City-State-Zip:	WOODELIFF LAKE NJ 07677

*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:** TARA BOWEN**CONTROLLER****03/08/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date