

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000255518

**Entity Name:** CAMP HAMMOCK PROPERTY LLC

**Current Principal Place of Business:**

3801 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

**Current Mailing Address:**

4800 CANOE CREEK ROAD  
ST CLOUD, FL 34772

**FEI Number:** 93-2236625

**Certificate of Status Desired:** No

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

SMITH, DAVID  
4800 CANOE CREEK ROAD  
ST CLOUD, FL 34772 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 SMITH, VIANNE  
Address 3801 JOE OVERSTREET ROAD  
City-State-Zip: KENANSVILLE FL 34739

Title AMBR  
Name SMITH, DAVID  
Address 3801 JOE OVERSTREET ROAD  
City-State-Zip: KENANSVILLE FL 34739

*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:** DAVID SMITH

**REGISTERED AGENT**

**01/05/2024**

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

\_\_\_\_\_  
Date