

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002354

1. Entity Name

HAMMERHEAD CARPENTRY, L.L.C.



Principal Place of Business

814 S.E. 46TH LANE  
SUITE #2

CAPE CORAL, FL 33904 US

Mailing Address

814 S.E. 46TH LANE  
SUITE #2

CAPE CORAL, FL 33904 US

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0986473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NINKOVICH, BRAD R  
1919 S.W. 48TH LANE  
CAPE CORAL, FL 33914

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Brad Ninkovich*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-08

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NINKOVICH, BRAD R
STREET ADDRESS	1919 S.W. 48TH LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000956145  
07/24/08-80001-008 538.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Brad Ninkovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-10-08

Date

239-707-8789

Daytime Phone #