

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011887

1. Entity Name

HAMMERMAN & STRICKLAND, LLC



Principal Place of Business

18544 DALE MABRY HWY N
LUTZ, FL 33548

Mailing Address

18544 DALE MABRY HWY N
LUTZ, FL 33548

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1680770

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, JAMES M
18544 DALE MABRY HWY N
LUTZ, FL 33548

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAMMERMAN, HOWARD A
18544 DALE MABRY HWY N
LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STRICKLAND, JAMES M
18544 DALE MABRY HWY N
LUTZ, FL 33548

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

U000000955549
07/18/08-80002-011 143.75

**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:

[Signature]

7/14/08

813 265-4433

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

Date

Daytime Phone #