

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000015994

1. Entity Name

HAMMERMAN & STRICKLAND SECURITIES, 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

59-3757193

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

U000000955548  
07/18/08-80002-010 143.75

**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:

7/14/08

813-486-0850

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

Date

Daytime Phone #