

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011419

Entity Name: HAMK LLC

FILED  
Apr 11, 2009  
Secretary of State

**Current Principal Place of Business:**

340 CAMELOT DR  
FAYETTEVILLE, GA 30214

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 313  
JOLON, CA 93928

**New Mailing Address:**

340 CAMELOT DR  
FAYETTEVILLE, GA 30214

FEI Number: 45-0155015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAUFENBERG, DAVID  
2933 FARRINGTON STREET  
JACKSONVILLE, FL 32224 US

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

CABRAL, BERNICE  
6723 STATE RD 121 SOUTH  
MACCLENNY, FL 32063 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: BERNICE CABRAL

04/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANGEHOUGH, STEVEN O  
Address: P.O. BOX 313  
City-St-Zip: JOLON, CA 93928

Title: MGRM ( ) Delete  
Name: MORRISON-LANGEHOUGH, BRIDGET J  
Address: 340 CAMELOT DR  
City-St-Zip: FAYETTEVILLE, GA 30214

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANGEHOUGH, STEVEN O  
Address: 340 CAMELOT DR  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN O. LANGEHOUGH

MGRM

04/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date