

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000048526

1. Entity Name
HAMMCO, LLC



Principal Place of Business
P. O. BOX 593688
ORLANDO, FL 32859

Mailing Address
P. O. BOX 593688
ORLANDO, FL 32859



01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2844272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILES, JESS D
8989 SOUTH ORANGE AVE.
ORLANDO, FL 32824

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAILES, JESS D
STREET ADDRESS	P. O. BOX 593688
CITY-ST-ZIP	ORLANDO, FL 32859
TITLE	MGRM
NAME	KUYKENDALL, JOHN M
STREET ADDRESS	591 DOMMERICH DRIVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	GRINDSTAFF, MICHAEL J
STREET ADDRESS	1900 FAWSETT ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	ZEIDWIG, BARRY J
STREET ADDRESS	765 QUEENS HARBOR BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #