

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 002 ****50.00

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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

DOCUMENT # L06000009729

1. Entity Name
HAMMERHEAD HOME IMPROVEMENTS LLC



Principal Place of Business
2616 VERGIE COURT
TALLAHASSEE, FL 32303

Mailing Address
2616 VERGIE COURT
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #
759 BASIN ST
Suite, Apt. #, etc.
APT 9

3. Mailing Address
759 BASIN ST
Suite, Apt. #, etc.
APT 9

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
FL 32304

Country
U.S.

Zip
32304

Country
U.S.

6. Name and Address of Current Registered Agent
SEPULVEDA, DANIEL
2616 VERGIE COURT
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name
DANIEL SEPULVEDA
Street Address (P.O. Box Number is Not Acceptable)
759 BASIN ST. APT. 9
City
TALLAHASSEE FL Zip Code
32304

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 DATE 1-15-07

Signature, name or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEPULVEDA, DANIEL 2616 VERGIE COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEPULVEDA, DANIEL 759 BASIN ST APT 9 TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE 1-15-07

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