


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-11-2007 90013 012 ****50.00
L06000046872

DOCUMENT # L06000046872		
1. Entity Name HAMMER TRUCKING, LLC		

Principal Place of Business 1114 IDLEWILD DR. TALLAHASSEE, FL 32311 US	Mailing Address 1114 IDLEWILD DR. TALLAHASSEE, FL 32311 US
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2. Principal Place of Business - No P.O. Box # 1114 IDLEWILD DR	3. Mailing Address 1114 IDLEWILD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32311	Zip 32311
Country LEON	Country LEON

FILED

2007 OCT 23 P 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HAMMER, DON 1114 IDLEWILD DR. TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMER, DON 1114 IDLEWILD DR. TALLAHASSEE, FL 32311 <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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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

REINSTATEMENT 07
[Signature]

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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Don Hammer 6-3-07 850 966-0589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #