2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

| DOCUMENT # L02000024461 1. Entity Name HJB, LLC | | | | | | 04-10-200 | 3 90020 (|)35 *** | *50.00 | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------|----------------|
| Principal Place of Business 1140 ANDERSON STREET CLERMONT FL 34711 US | | Mailing Address 1140 ANDERSON STREET CLERMONT FL 34711 US | | 1100 | i Brit Old Bakka i táts Básk gantid | 25ik 45k 1 lift | ı birəyi bişib | AMB1 1804 (50): | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | | | <u>64-3736758</u> | | | <u> </u> | pplied For ot Applicable | 1 |
| Zip | Country Zip | | Coun | try | | te of Status Desired | F | 5.00 Ad se Requin | ditional ad . | |
| <u> </u> | 6. Name and Address of Current | Registered Agent | | * Niggra | 7. Name a | nd Address of New R | egistered Ac | ent | **** | -∤.,. |
| BEN | ITZON, HANS J | | . عدم | Name | <u></u> | <u> </u> | - | | | _ <u> </u> |
| 1140 ANDERSON STREET CLERMONT FL 34711 | | | | Street Address (i | P.O. Box Num | ber is Not Acceptable |) | | | 1 |
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| | | , | | City | | | FL | Zip Coo | |] |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its | registere | a onice or registere | ed agent, or b | oth, in the State of Flo | rida. I am tai | nillar With, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | TO(4) elderline is all box | F. Danisterer | Agent signature required | when reinstation) | | DATE | | | |
| - | grade, the or better the or agreement | | | | | | | | | ┥ |
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| 9. | MANAGING MEMBE | | 10. | • | | ADDITIONS/ | CHANGES | | | ┥ |
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| NAME | BENTZON, HANS J | | NAME | | | | | | | 문 |
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| 11. I hereby c indicated limited liat | ertify that the information supplied with on this report is true and accurate and i Office company or the receiver/or trustee | this filing does not qualify for that my signature shall have the empowered to execute this re- | the exem he same eport as r | ption stated in Sec legal effect as if ma equired by Chapte | tion 119.07(3 ada under oat ar 608, Florida | (i), Florida Statutes. I f h; that I am a managir Statutes. | urther certify ng member o | that the in r manager | formation of the | |
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