

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 011 ****50.00

DOCUMENT # LO0000008920

1. Entity Name

H.J.S. LLC

DO NOT WRITE IN THIS SPACE

958290

2. Principal Place of Business

3131 Bluff Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3131 Bluff Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Holiday, FL

City & State

Holiday, FL

4. FEI Number

400-44-4483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gassman, AlansS.

Street Address (P.O. Box Number is Not Acceptable)

1245 Court Street, Suite 102

City

Clearwater

FL

Zip Code
33756

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Severs, Hugh B II
3131 Bluff Blvd.
Holiday, FL 34691

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Hugh B Severs II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)