

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

1. Entity Name  
HJNS LLC



Mailing Address  
10933 N.W. 12TH MANOR  
CORAL SPRINGS, FL 33071 US

**DO NOT WRITE IN THIS SPACE**



CR2E083 (11/05)

Applied For
Not Applicable

☐ **\$5.00** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

SPIEGEL, PETER  
10933 N.W. 12TH MANOR  
CORAL SPRINGS, FL 33071

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

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

TITLE	MGR
NAME	SPIEGEL, PETER
STREET ADDRESS	10933 N.W. 12TH MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGR
NAME	HARARI, BERO
STREET ADDRESS	9668 N.W. 36TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	MGR
NAME	JACOBOVITZ, ELE
STREET ADDRESS	5237 N.W. 98TH LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	MGR
NAME	NADLER, TOM
STREET ADDRESS	8551 N.W. 52ND PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000695338  
04/17/07-80056-016 50.00

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IN THIS SPACE**

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 #