


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-27-2007 90203 008 ****50.00

DOCUMENT # L06000115578					
1. Entity Name HJMINSO, LLC					
Principal Place of Business 6124 PIMLICO COURT TALLAHASSEE FL 32309			Mailing Address 6124 PIMLICO COURT TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5983946	
Zip	Country USA	Zip	Country	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 MASON, HARRY J 6124 PIMLICO COURT TALLAHASSEE FL 32309			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 re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE	NAME
	OWNER/MGR HARRY J MASON	6124 Pimlico CT Tallahassee FL 32309		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	OWNER/MGR KATHERINE P. MASON	6124 Pimlico CT Tallahassee FL 32309			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Harry J Mason / HARRY J MASON</u>			Date: <u>3/14/07</u>		License Phone #: <u>850-933-1146</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT
30004586
#L060001P578

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Employee Benefit Structures Personal Assistance Planning

HARRY J. MASON KATHERINE P. MASON
HJMINSKO, LLC

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Hope this will
correct my errors.
Thank you
Harry Mason