

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106527

FILED
Apr 05, 2012
Secretary of State

Entity Name: HINJU LABS LLC

Current Principal Place of Business:

12815 NW 45TH AVENUE
UNIT 4
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2900 UNIVERSITY DRIVE
SUITE 38
CORAL SPRINGS, FL 33065

New Mailing Address:

12815 NW 45TH AVENUE
UNIT 4
OPA LOCKA, FL 33054

FEI Number: 61-1631239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, JEFF
2900 UNIVERSITY DRIVE
SUITE 38
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

LEFKOWITZ, JEFF
12815 NW 45TH AVENUE
UNIT 4
OPA LOCKA, FL 33054 US

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: JEFF LEFKOWITZ

04/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PEREZ, DAVID
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: PEREZ, NICOLAS
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: ARORA, KARAN
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: CHOKSHI, TEJAS
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: LEFKOWITZ, JEFF
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM
Name: HYMAN, MARIAN
Address: 12815 NW 45TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF LEFKOWITZ

MGRM

04/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date