

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015798

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** HJB INFORMATION SERVICES, LLC.

**Current Principal Place of Business:**

10550 US 19 NORTH  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

10550 US 19 NORTH  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTLER, FRANK D ESQ  
10550 US 19 NORTH  
PINELLAS PARK, FL 33782 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUTLER, FRANK D ESQUIRE  
Address: 10550 US 19 NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM  
Name: HOPKINS, CLAYTON  
Address: 6231 66TH STREET SOUTH  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM  
Name: JIM, JENSEN  
Address: 10550 US 19 NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

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: FRANK BUTLER, ESQ

MGMR

04/27/2012

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