

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031017

1. Entity Name
NB JOHNSON, LLC



Principal Place of Business
C/O NATHAN BUTTERS
2005 N.W. 62ND ST., STE. 202
FT LAUDERDALE, FL 33309

Mailing Address
C/O NATHAN BUTTERS
2005 N.W. 62ND ST., STE. 202
FT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
46-0511517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, SAMUEL
2005 W. CYPRESS CREEK ROAD
SUITE 202
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

U00000344547
04/29/05-80139-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BUTTERS, NATHAN
2005 N.W. 62ND ST., STE. 202
FT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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)(f), 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Malcolm Butters 4/28/05 954-570-8111