

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000067444

**Entity Name:** JOHNSON DISTRIBUTION, LLC

**Current Principal Place of Business:**

SUNTECKTTS/JOHNSON DISTRIBUTION, LLC.  
4500 SALISBURY ROAD 305  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

SUNTECKTTS/JOHNSON DISTRIBUTION, LLC.  
3417 MOUNT VERNON ROAD SE  
CEDAR RAPIDS, IA 52403 US

**FEI Number:** 45-5433153

**Certificate of Status Desired:** Yes

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

JOHNSON, BRETT A  
SUNTECKTTS/JOHNSON DISTRIBUTION, LLC.  
4500 SALISBURY ROAD 305  
JACKSONVILLE, FL 32216 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:** BRETT A. JOHNSON

**07/27/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name JOHNSON, BRETT ALLEN  
Address SUNTECKTTS/JOHNSON  
DISTRIBUTION LLC.  
3417 MOUNT VERNON ROAD SE  
City-State-Zip: CEDAR RAPIDS IA 52403

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRETT A. JOHNSON

**PRESIDENT**

**07/27/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date