

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000262395

**Entity Name:** JOHNSON & JOHNSON CLAIMS MANAGEMENT, LLC

**Current Principal Place of Business:**

200 WINGO WAY, STE. 200  
MT. PLEASANT, SC 29464

**Current Mailing Address:**

P.O. BOX 899  
CHARLESTON, SC 29402

**FEI Number:** 88-4385932

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LN. STE. A  
TALLAHASSEE, FL 32308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           JOHNSON, FRANCIS G JR.  
Address        200 WINGO WAY, STE. 200  
City-State-Zip: MT. PLEASANT SC 29464

Title           MANAGING MEMBER  
Name           JOHNSON, HARRY L II  
Address        200 WINGO WAY, STE. 200  
City-State-Zip: MT. PLEASANT SC 29464

Title           MANAGING MEMBER  
Name           JOHNSON, FRANCIS G  
Address        200 WINGO WAY, STE. 200  
City-State-Zip: MT. PLEASANT SC 29464

Title           MANAGER  
Name           BURROUS, PETER  
Address        200 WINGO WAY, STE. 200  
City-State-Zip: MT. PLEASANT SC 29464

Title           MANAGER  
Name           CRAIG, STEVEN E  
Address        200 WINGO WAY, STE. 200  
City-State-Zip: MT. PLEASANT SC 29464

*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:** FRANCIS G JOHNSON JR

**MANAGER**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date