

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90134 021 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name **COOKELROD JOHNSON, LLC**  
**L01000012620**

**954580**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**360 MAIN Street**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 578**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Highlands, NC**

City & State

**Highlands, NC**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**28741**

Country

**MACON**

Zip

**28741**

Country

**MACON**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Hughes, J ROBERT ESQ**

Street Address (P.O. Box Number is Not Acceptable)

**220 McKenzie Ave.**

City

**Panama City**

FL

Zip Code

**32401**

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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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
JOHNSON, Angela L  
360 MAIN St. P.O. Box 578  
Highlands, NC 28741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
JOHNSON, Julie J  
360 MAIN St P.O. Box 578  
Highlands, NC 28741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ELROD, JAMES T. JR  
360 MAIN St. P.O. Box 578  
Highlands, NC 28741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
JOHNSON, Linda C.  
360 MAIN St P.O. Box 578  
Highlands, NC 28741**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: **Angela L Johnson**

**04/26/02**

**850-234-5997**

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

Date

Daytime Phone #

CR2E083B (12/01)