

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013389**

1. Entity Name

JOHNS FAMILY HOLDINGS, L.L.C.



Principal Place of Business

651 NW 45TH AVE.  
COCONUT CREEK, FL 33066

Mailing Address

651 NW 45TH AVE.  
COCONUT CREEK, FL 33066



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1128593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHN, EARL F  
651 NW 45TH AVE.  
COCONUT CREEK, FL 33066

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME JOHNS, EARL F  
STREET ADDRESS 651 N W 45TH AVE  
CITY-ST-ZIP COCONUT CREEK, FL 83066

TITLE MGRM  
NAME HOUSTON, DIXIE  
STREET ADDRESS 132 INTRA-COASTAL CIRCLE  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE MGRM  
NAME JOHNS, DANIEL F  
STREET ADDRESS 4850 S W 51ST TERRACE  
CITY-ST-ZIP OCALA, FL 32674

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

000000774527  
01/07/08-80018-010 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Earl F Johns*

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

Date

Daytime Phone #