

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017706

1. Entity Name
SINGER & JOHNSTON, LLC



Principal Place of Business
**1329 BEDFORD DRIVE, SUITE 1
MELBOURNE, FL 32940**

Mailing Address
**1329 BEDFORD DRIVE, SUITE 1
MELBOURNE, FL 32940**



03022006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1615263

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SINGER, RICHARD C ESQ
1329 BEDFORD DRIVE, SUITE 1
MELBOURNE, FL 32940**

**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, 2006**

**1100010456683
03/16/06-80039-012 150.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	RICHARD C. SINGER, P.A.
STREET ADDRESS	1329 BEDFORD DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	MGRM
NAME	KATHRYN B. JOHNSTON, P.A.
STREET ADDRESS	1962 26TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 603, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

3-3-06

321-254-2280