

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000036523

1. Entity Name
STEPHEN JOHNSON TRACTOR SERVICE LLC



Principal Place of Business
554 SW COLUMBUS DRIVE
PORT SAINT LUCIE, FL 34953

Mailing Address
554 SW COLUMBUS DRIVE
PORT SAINT LUCIE, FL 34953



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1204433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
554 SW COLUMBUS DRIVE
PORT SAINT LUCIE, FL 34953

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	PT
NAME	JOHNSON, STEPHEN
STREET ADDRESS	554 SW COLUMBUS DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

TITLE	
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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:

Stephen Johnson

Stephen Johnson

1-26-05

772-785-5406

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

Date

Daytime Phone #