

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000047863

1. Entity Name

TIM JOHNSON, LLC



FILED

07 MAY 24 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2424 CLARA KEE BOULEVARD  
TALLAHASSEE FL 32303

2424 CLARA KEE BLVD  
TALLAHASSEE FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0405611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, TIMOTHY  
2424 CLARA KEE BOULEVARD  
TALLAHASSEE FL 32303

BK

Name

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

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRM  
JOHNSON, TIMOTHY  
2424 CLARA KEE BOULEVARD  
TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition  
100103734461  
06/01/07--01055--006 \*\*\$0.00

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Timothy Johnson* Timothy Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/18/07

830-933-6818  
Daytime Phone #