

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047863

1. Entity Name
TIM JOHNSON, LLC



FILED
08 AUG 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2424 CLARA KEE BOULEVARD
TALLAHASSEE, FL 32303

Mailing Address
2424 CLARA KEE BLVD
TALLAHASSEE, FL 32303



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202008 Chg-LLC CR2E083 (12/06)

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

Handwritten signature: TJE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS 600135282076
CITY-ST-ZIP 09/03/08--01012--021 **138.75 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Handwritten signature: Timothy Johnson

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

8-21-08 933-6818
Date Daytime Phone #