

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90031 012 ****50.00

DOCUMENT #

1. Entity Name
L03000051614
JOHNSON BUILDERS, LLC



DO NOT WRITE IN THIS SPACE

24000055

2. Principal Place of Business

Route 21, Box 970

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake City, Florida

Zip

32024

Country

US

City & State

Zip

Country

4. FEI Number

20-0489218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John S. Johnson

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

Route 21, Box 970

City

Lake City

FL

32024

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Managing Member	John S. Johnson	Route 21, Box 970	Lake City, Florida 32024				
Managing Member	Patricia M. Johnson	Route 21, Box 970	Lake City, Florida 32024				

**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)(i), 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:

John Johnson

Managing Manager

1-2-04

386-755-4038

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

Date

Daytime Phone #