

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						FILED			
DOCUMENT # L03000057151					05 JAN -7 PM 2: 18				
1. Entity Nam RONALD	D. JOHNSON LLC				1				
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Principal Ptace of Business 11345 EDISON AVE. NEW PORT RICHEY, FL 34654		Mailing Address 11345 EDISON AVE. NEW PORT RICHEY, FL			1.	FA La La PATRITA VI VI VI VI VI		Muk	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-LLC	CR2E101 (6/04)	1/7	
City & State	e	City & State	City & State			er _i		plied For at Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	\$5.00 Add	litional	
	6. Name and Address of Curr	ent Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent				
JOHNSON, RONALD D 11345 EDISON AVE				Street Address (P.O. Box Number is Not Acceptable)					
	T RICHEY, FL 34654		Silest Address (F.O. DOX Notificer is Not Acceptable)						
				City			FL Zip Cod	ė	
	named entity submits this statemen	nt for the purpose of changing its	s register	led office or register	red agent, or bo	th, in the State of Fl	• —	and accept	
signature .	Powald 1	3 2 Se		LLC		/-	3-05		
	Signature, typed or printed name of registered a	gent and little if applicable. (NO	TE: Register	red Agent elgnature requir	red when reinstating		DATE		
	E NOW!!! FEE IS \$150.00 ary 1, 2005, Fee will be \$200	.00					te check payable to a Department of Stat	e	
9.		MBERS/MANAGERS	10.		!	ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, RONALD D 11345 EDISON AVE. NEW PORT RICHEY, FL 346	☐ Delete	- 1		3 12/1	00043 3/040105	365483 9009 **159	Addition 5.00	
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NAME STREET ADDRESS CITY-ST-ZIP	-	•		ME EET ADDRESS Y-S1-ZIP				!	
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NAME STREET ADORESS CITY-ST-ZIP				ME EET ADDR 39 Y-ST-ZIP	ISTA		17 200	<u>t</u>	
TITLE		☐ Delete	TITI				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME IEET ADDRESS Y-ST-ZIP					
TITLE NAME		☐ Delete	TITI NAI	1			☐ Change	Addition	
STREET ADDRESS). Johnson LLC		STF	REET ADDRESS Y-ST-ZIP					
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 PLANT DE DE DE LA 12-10-04 727-389-9080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS DAYSING PROOF									