

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 035 ****55.00

DOCUMENT # L03000057587 1. Entity Name ROY JOHNSON MASONRY, LLC					
Principal Place of Business 24533 LANIER RD TALLAHASSEE, FL 32303			Mailing Address 24533 LANIER RD TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3582758	
Zip		Country		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, ROY 24533 LANIER RD TALLAHASSEE, FL 32303				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 _____ (NOTE: Registered Agent signature required when reconstituting) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ROY 24533 LANIER RD TALLAHASSEE, FL 32303			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					