

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000681

FILED
Mar 19, 2009
Secretary of State

Entity Name: JOHNSON'S CONSULTING LLC

Current Principal Place of Business:

2403 FAIRWAY DR
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2403 FAIRWAY DR
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 83-0381045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MARK J JR
2403 FAIRWAY DR
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, MARK J JR.
Address: 2403 FAIRWAY DR
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: JOHNSON, ALEX
Address: 2403 FAIRWAY DR
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: JOHNSON, LINDSEY
Address: 2403 FAIRWAY DR
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: JOHNSON, MATHEW
Address: 2403 FAIRWAY DR
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK JOHNSON

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date