

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000029843

1. Entity Name
JOHNSON GHIOTO, LLC



Principal Place of Business

**1680 SW ST LUCIE WEST BLVD
209
PORT SAINT LUCIE, FL 34986**

Mailing Address

**1680 SW ST LUCIE WEST BLVD
209
PORT SAINT LUCIE, FL 34986**



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1022439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOHNSON, ROBERT C
STREET ADDRESS	2041 SE OCEAN BOULEVARD
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	GHOTO, WILFORD W JR
STREET ADDRESS	1680 SW ST LUCIE WEST BLVD, SUITE 209
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80035-015-138.75

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Robert C. Johnson

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

1-22-08 (772) 287-3366

Date

Daytime Phone #