

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 007 ****50.00

DOCUMENT # L04000084451

1. Entity Name
CURETON - JOHNSON & ASSOCIATES, LLC



Principal Place of Business
**2065-1 DELTA WAY
TALLAHASSEE, FL 32303**

Mailing Address
**2065-1 DELTA WAY
TALLAHASSEE, FL 32303**

2. Principal Place of Business
1358 Thomaswood Dr.
Suite, Apt. #, etc.

3. Mailing Address
1358 Thomaswood Dr.
Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)



City & State
Tallahassee, FL
Zip
32308
Country
Leon

City & State
Tallahassee, FL
Zip
32308
Country
Leon

4. FEI Number
27-0119195
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CURETON, PAUL T
2065-1 DELTA WAY
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CURETON, PAUL T
2065-1 DELTA WAY
TALLAHASSEE, FL 32303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1358 Thomaswood Dr.
Tallahassee, FL 32308** ☒ Change ☐ Addition

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

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

3-29-05 **850-386-372**
Date Daytime Phone #