2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT #1 05000044325



FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Nam JOHNNY	'S FARM MAINTENANCE L		03-24-200)6 9022	0 032 *	***50.00			
Principal Plac	e o'l Business	Mailing Address			7				
15555 NW HWY 335 WILLISTON, FL 32696 US		15555 NW HWY 335 WILLISTON, FL 32696 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. ≢, etc.			03172006 C	hg-LLC	CR2E08	3 (11/05)	ı
City & State		City & State			4. FEI Number 20-2788223		b	Applied For Not Applicable	
Zip 	Country	Zip 	Coun	itry	5. Certificate of Sta		- F	5.00 Ad Requir	
	6. Name and Address of Current	Registered Agent		No-	7. Name and Add	ress of New Re	istered Ac	jeni	
SHARON C BRANNAN CPA PA				Name					
181 N MAI	IN STREET.: N, FL 32696			Street Address	(P.O. Box Number is h	Not Acceptable)			
				City			FL	Др Сос	e
	named entity submits this statement for fons of registered agent.	the purpose of changing its	register	ed office or regis	lered agent, or both, in	the State of Flori	da. Iam fa	miliar with	and accept
SIGNATURE .	Signature, typed or printed name of requiremed against	and this if explicable. (MOTE	Regulare	d Agent egntture requ	red when remarksing)		DATE		
FI D	iling Fee is \$50.00 ue by May 1, 2006						check pay Departmen		•
Ω,	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TIL					Change	Addition
NAME	RODRIGUEZ, JUAN		NAM	•	•		•		
STREET ADORESS CITY-ST-ZP	15555 NW HWY 335 WILLISTON, FL 32696			-51-21P					
TITLE	7412LISTON, FE 32888	☐ Defete	πh					Change	Addition
HAME		LJ Vake	HAV				1		استسم
STREET ADDRESS			STRE	ET ADDRESS					i
CHY-SI-ZZ		· .	CTY	-51-20					-
TITLE HAME		☐ Delete	TITL!	E			1	Chaunge	Addition
STREET ADDRESS City-ST-ZIP				11 ADDRESS - S1 - 20°					.
TITLE	·	☐ Oetete	7171					Change	Addition
****E		C Descri	1933	· 1					
STREET ADDRESS City-S1-zip				ET ADDRESS - ST - ZP					
TILE		☐ Delete	mu			-	(Change	Addition
NAME STREET ADORESS			. NAM	ET ADORESS					
CITY-ST-ZP				-ST-ZP					
TITLE		Deleta	BIL					Change	Addition
HAME			NAM				•	-	
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZP	L_,		 .	-ST-ZIP					
11. I hereby	certify that the information supplied with	<u>this filing does not qualify for </u>	the exe	mptions containe	o in Chapter 119, Florid	ia Statutes. I furt	her certify th	vet the info	rmation
indicated limited lia	on this report is true and accurate and ibility company or the receiver or trustee	that my consture shall have a smpowered to execute this	the same report es	e legal effect as i required by Cha	made under oath; that pter 608, Florida Statut	l em a managin es.	g member	or manage	er of the