

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000044553

1. Entity Name
THE JOHN BYRD COMPANY



Principal Place of Business
**5147 W LAKE RD
MONTICELLO, FL 32344**

Mailing Address
**P.O. BOX 99
MONTICELLO, FL 32345**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1968495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DONALD C JR
890 4TH STREET
MONTICELLO, FL 32344**

**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 as printed name of registered agent and title if applicable.

DONALD CLARENCE JOHNSON, JR

(NOTE/Registered Agent signature required when reinstating)

DATE

1/1/08

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNSON, DONALD C JR
890 4TH STREET
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
DANAE, JOHNSON P
890 4TH STREET
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000789900
01/23/08-80012-010 138.75

**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 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, OR AUTHORIZED REPRESENTATIVE

DONALD CLARENCE JOHNSON, JR

1/1/2008

Date

850.321.9593

Daytime Phone #