

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 040 ****50.00

DOCUMENT # L05000068728

1. Entity Name

JOHNSON FAMILY DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

2004 JOHNSON ROAD
IMMOKALEE FL 34142

2004 JOHNSON ROAD
IMMOKALEE FL 34142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3232565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, GREGORY A
2004 JOHNSON ROAD
IMMOKALEE FL 34142

Name

Douglas L. Johnson

Street Address (P.O. Box Number is Not Acceptable)

2004 Johnson Road

City

Immokalee

FL

Zip Code

34142

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/30/07

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
JOHNSON, DOUGLAS L
2004 JOHNSON ROAD
IMMOKALEE FL 34142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
JOHNSON, GREGORY A
2004 JOHNSON ROAD
IMMOKALEE FL 34142 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
JOHNSON, LINDA SUE
2004 JOHNSON ROAD
IMMOKALEE FL 34142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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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 exemptions contained in Section 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]

Douglas L Johnson

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

1/30/07

Date

239 657 3191

Daytime Phone #