

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055471

Entity Name: STACY JOHNSON LLC

FILED  
Jul 06, 2007  
Secretary of State

**Current Principal Place of Business:**

1702 SHERWOOD LAKES BLVD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

1702 SHERWOOD LAKES BLVD  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 20-4970416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOHNSON, STACY  
1702 SHERWOOD LAKES BLVD  
LAKELAND, FL 33809      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JOHNSON, STACY  
Address: 1702 SHERWOOD LAKES BLVD  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM      ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 1702 SHERWOOD LAKES BLVD  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY JOHNSON

MGRM

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date