

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055471

Entity Name: STACY JOHNSON LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2020 S. COMBEE RD STE 12  
LAKELAND, FL 33801

**New Principal Place of Business:**

5337 N. SOCRUM LOOP RD 139  
LAKELAND, FL 33809

**Current Mailing Address:**

2020 S. COMBEE RD STE 12  
LAKELAND, FL 33801

**New Mailing Address:**

5337 N. SOCRUM LOOP RD 139  
LAKELAND, FL 33809

FEI Number: 20-4970416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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  
Name: JOHNSON, STACY  
Address: 1702 SHERWOOD LAKES BLVD  
City-St-Zip: LAKELAND, FL 33809

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

I hereby 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

01/05/2011

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