

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

03-27-2008 90087 032 ***138.75

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02272008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000004394					
1. Entity Name JOHNSON HOMESTEAD, LLC					
Principal Place of Business 4996 S.W. ADDISON AVENUE ARCADIA, FL 34266			Mailing Address 4996 S.W. ADDISON AVENUE ARCADIA, FL 34266		
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 EIN=58-1948225	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIGNAM, MICHAEL F 1601 HENDRY STREET FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Judith S. Lambert 673 W. Lumsden Road Brandon FL 33511		
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. Judith S. Lambert 3/14/08 SIGNATURE DATE (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, JUNE 4996 S.W. ADDISON AVENUE ARCADIA, FL 34266 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 it 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: June P. Robertson			21 MAR 2008 863-494-6530		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		