

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90055 046 ***138.75

DOCUMENT # L07000111120

1. Entity Name
JOHNSON APPLICATION SERVICES, LLC



Principal Place of Business
**235 CEZANNE CIRCLE
PONTE VEDRA, FL 32081**

Mailing Address
**235 CEZANNE CIRCLE
PONTE VEDRA, FL 32081**

60001879



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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, LISA J
235 CEZANNE CIRCLE
PONTE VEDRA, FL 32081

Name **Lisa Johnson Lisicki**

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

235 Cezanne Circle

City **Ponte Vedra**

FL

Zip Code **32081**

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

Lisa Johnson Lisicki

1/14/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **MGRM** ☐ Delete
NAME **JOHNSON, LISA J**
STREET ADDRESS **235 CEZANNE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA, FL 32081**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Lisicki, Lisa J**
STREET ADDRESS **235 Cezanne Circle**
CITY-ST-ZIP **Ponte Vedra FL 32081**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lisa J Lisicki

1/14/08

904.429.7654

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

Date

Daytime Phone #