

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007216

FILED
Apr 21, 2009
Secretary of State

Entity Name: ROBERT F. JOHNSON ARTIST METALSMITH, LLC

Current Principal Place of Business:

100 INDUSTRIAL LOOP
SUITE D
SEBASTIAN, FL 32958

New Principal Place of Business:

100 INDUSTRIAL CIRCLE
SUITE D
SEBASTIAN, FL 32958

Current Mailing Address:

100 INDUSTRIAL LOOP
SUITE D
SEBASTIAN, FL 32958

New Mailing Address:

100 INDUSTRIAL CIRCLE
SUITE D
SEBASTIAN, FL 32958

FEI Number: 26-1813405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEALTH MANAGEMENT CONSULTANTS, LLC
701E SEBASTIAN BLVD.
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

JOHNSON, ROBERT F
741 S.EASY ST.
SEBASTIAN, FL 32958 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: ROBERT F. JOHNSON

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, ROBERT F
Address: 741 S. EASY STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM () Delete
Name: JOHNSON, LYNN D
Address: 741 S. EASY STREET
City-St-Zip: SEBASTIAN, FL 32958

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: ROBERT F. JOHNSON

MGRM

04/21/2009

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