

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029574

Entity Name: JOANNA JOHNSON, LLC

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

## **Current Principal Place of Business:**

3240 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

## **New Principal Place of Business:**

3 HIGH DRIVE  
CRAWFORDVILLE, FL 32327

## **Current Mailing Address:**

3240 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

## **New Mailing Address:**

602 N. ADAMS ST.  
TALLAHASSEE, FL 32301

FEI Number: 26-4570323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, JOANNA  
3240 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

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

JOHNSON, JOANNA  
602 N ADAMS ST.  
TALLAHASSEE, FL 32301 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: JOANNA JOHNSON

01/05/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MS.  
Name: JOHNSON, JOANNA  
Address: 602 N. ADAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MS.  
Name: ZECH, NICOLE  
Address: 602 N. ADAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32301

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: NICOLE ZECH

MS.

01/05/2011

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