

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000059224

1. Entity Name  
TIM JOHNSON CONSULTING SERVICES, LLC.



Principal Place of Business  
408 SYCAMORE STREET  
CELEBRATION, FL 34747 US

Mailing Address  
408 SYCAMORE STREET  
CELEBRATION, FL 34747 US

FILED

2012 JUN 15 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

05162012 Chg-LLC CR2E083 (12/11)

4. FEI Number  
27-0393387

Applied For  
Not Applicable

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, TIMOTHY L PRES  
408 SYCAMORE STREET  
CELEBRATION, FL 34747

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE



Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME JOHNSON, TIMOTHY L  
STREET ADDRESS 408 SYCAMORE STREET  
CITY- ST- ZIP CELEBRATION, FL 34747

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500234679345  
CITY- ST- ZIP 05/04/12--01035--012 \*\*238.75

TITLE PRES ☐ Delete  
NAME JOHNSON, TIMOTHY L  
STREET ADDRESS 408 SYCAMORE ST  
CITY- ST- ZIP CELEBRATION, FL 34747

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500234679345  
CITY- ST- ZIP 06/19/12--01001--005--\*\*400.00

TITLE PRES ☐ Delete  
NAME JOHNSON, TIMOTHY L  
STREET ADDRESS 408 SYCAMORE ST  
CITY- ST- ZIP CELEBRATION, FL 34747

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS *Handwritten signature*  
CITY- ST- ZIP 6-18-12

TITLE PRES ☐ Delete  
NAME JOHNSON, TIMOTHY L  
STREET ADDRESS 408 SYCAMORE ST  
CITY- ST- ZIP CELEBRATION, FL 34747

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS *Handwritten signature*  
CITY- ST- ZIP 6-18-12

TITLE PRES ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS *Handwritten signature*  
CITY- ST- ZIP 6-18-12

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:

*Handwritten signature of Timothy L. Johnson*

JUNE 8, 2012 *Handwritten signature*

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

DATE

E-MAIL ADDRESS

timothy.l.johnson@comcast.net