

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000097652

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** SHAWN JOHNSON INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

426 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

426 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 27-3495686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, SHAWN C  
807 SHADOW BAY WAY  
OSPREY, FL 34229 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: JOHNSON, SHAWN C  
Address: 426 S. TAMIAMI TRAIL  
City-St-Zip: OSPREY, FL 34229

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: SHAWN JOHNSON

OWNE

02/02/2012

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