

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006053

1. Entity Name  
JOHNSON - IRVINE EQUIPMENT COMPANY, LLC



Principal Place of Business  
2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312

Mailing Address  
2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312

FILED

08 FEB 28 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0942506

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRVINE, EDISON  
2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, WALTER F JR. 2021 BRIGGS ROAD MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, WALTER F III 2021 BRIGGS ROAD MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DAVID P 2021 BRIGGS RD. MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVINE, EDISON 2968 RAVENSWOOD RD STE 107 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

Edison [Signature] 2.22.08