

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90351 008 ****50.00

DOCUMENT # M06000005871

1. Entity Name

JOHNSON FAMILY HOLDINGS, LLC



Principal Place of Business

3434 VALLEY DRIVE
LE CLAIRE IA 52753

Mailing Address

3434 VALLEY DRIVE
LE CLAIRE IA 52753



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

33-3408362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEINIG, MISTY
9909 MOSS ROSE WAY
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name

NATALIE NADER

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

3474 EUNICE ROAD

City

JACKSONVILLE

FL

Zip Code

32250

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

Natalie Nader

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: JOHNSON, ALAN E
STREET ADDRESS: 1718 56TH STREET CT.
CITY- ST- ZIP: MOLINE IL 61265 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alan E Johnson ALAN E JOHNSON

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

3-25-07 309-721-9191

Date

Daytime Phone #