

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000000215

1. Entity Name
JOHNSTON POLO, LLC



Principal Place of Business
**600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402**

Mailing Address
**600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1756814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CUZZORT, PAMALA K
600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JOHNSTON, S.K. JR.
600 KRYSTAL BUILDING
CHATTANOOGA, TN 37402**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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01/20/06-80004-011 50.00

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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: *Pamala K. Cuzzort* **Pamala K. Cuzzort** **January 11, 2006** **423-756-1202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #