

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001504

Entity Name: JOHNSTON,POST AND POST, L.L.C.

Current Principal Place of Business:

146 N.W. CENTRAL PARK PLAZA STE. 102
PORT ST. LUCIE, FL 34986

Current Mailing Address:

146 N.W. CENTRAL PARK PLAZA STE. 102
PORT ST. LUCIE, FL 34986

FEI Number: 65-0576841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARRELL, RICKEY L
1595 SE PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952 US

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

Authorized Person(s) Detail :

Title MGRM
Name POST, KATHERINE E
Address 789 SE HIDDEN RIVER DRIVE
City-State-Zip: PORT ST. LUCIE FL 34983

Title MGRM
Name POST, LULA MAE
Address 663 SE HIDDEN RIVER DRIVE
City-State-Zip: PORT ST. LUCIE FL 34983

Title MGMR
Name JOHNSTON, JANICE
Address 632 DAHLIA LANE
City-State-Zip: VERO BEACH FL 32963

Title MGMR
Name POST, ONNO ROBERT
Address 663 SE HIDDEN RIVER DRIVE
City-State-Zip: PORT ST. LUCIE FL 34983

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE E POST

MANAGER

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date