

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020705

**Entity Name:** ZAKARIAH JOHNSON, PLLC

**Current Principal Place of Business:**

425 S ELVERTON PL  
ST. JOHNS, FL 32259

**Current Mailing Address:**

P.O. BOX 600017  
JACKSONVILLE  
FLORIDA, FL 32260 US

**FEI Number:** 27-1972296

**Certificate of Status Desired:** No

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

JOHNSON, ZAKARIAH ESQ  
425 S ELVERTON PL  
ST. JOHNS, FL 32259 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 JOHNSON, ZAKARIAH ESQ  
Address 425 S ELVERTON PL  
City-State-Zip: ST JOHNS FL 32259

*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:** ZAKARIAH JOHNSON

MGMR

04/29/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date