

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119975

**Entity Name:** SEP IRA FBO BRADFORD JOHANSON LLC

**Current Principal Place of Business:**

199 NW WILLOW GROVE AVE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

199 NW WILLOW GROVE AVE  
PORT ST LUCIE, FL 34986

**FEI Number:** 45-3644616

**Certificate of Status Desired:** No

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

JOHANSON, BRADFORD LANE  
199 NW WILLOW GROVE AVE  
PORT ST LUCIE, FL 34986 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 JOHANSON, BRADFORD LANE  
Address 199 NW WILLOW GROVE AVE  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** BRADFORD LANE JOHANSON

**MANAGING MEMBER**

**04/07/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date