

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000161263

**Entity Name:** JOHNSON FARMS, LLC**Current Principal Place of Business:**505 S FLAGLER DR SUITE 1010  
WEST PALM BEACH, FL 33401**Current Mailing Address:**505 S FLAGLER DR SUITE 1010  
WEST PALM BEACH, FL 33401**FEI Number:** 59-1214647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, SCOTT A  
505 S FLAGLER DR SUITE 1010  
WEST PALM BEACH, FL 33401 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 MGR  
Name JOHNSON, PATSY S  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name JOHNSON, RICHARD S JR  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name FLAGG, CATHARINE J  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name JOHNSON, SCOTT A  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name SNED, PATRICIA J  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name AUSTIN, HELENE J  
Address 505 S FLAGLER DR SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** SCOTT A. JOHNSON**MANAGER****01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date