2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2020
Secretary of State
4599061984CC

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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, SCOTT A
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	SNED, PATRICIA J
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	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 03/26/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date