## **2021 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

FILED Mar 01, 2021

**Secretary of State** 

0026360756CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name JOHNSON, PATSY S Name JOHNSON, SCOTT A

Address 505 S FLAGLER DR SUITE 1010 Address 505 S FLAGLER DR SUITE 1010

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name JOHNSON, RICHARD S JR Name SNED, PATRICIA J

Address 505 S FLAGLER DR SUITE 1010 Address 505 S FLAGLER DR SUITE 1010

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR Title MGR

Name FLAGG, CATHARINE J Name AUSTIN, HELENE J

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

**MANAGER** 

03/01/2021