## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000052437

**Entity Name: J.JOHNSTON PROPERTIES LLC** 

**Current Principal Place of Business:** 

5354 KEYSVILLE AVE SPRING HILL. FL 34608

**Current Mailing Address:** 

5354 KEYSVILLE AVE SPRING HILL. FL 34608 US

FEI Number: 81-2033551 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, JAMES 5354 KEYSVILLE AVE SPRING HILL, FL 34608 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 Apr 17, 2019

**Secretary of State** 

3194490075CC

## Authorized Person(s) Detail :

Title	MGR	Ti	itle MGR

NameJOHNSTON, JAMESNameJOHNSTON, JAMESAddress5354 KEYSVILLE AVEAddress5354 KEYSVILLE AVECity-State-Zip:SPRING HILL FL 34608City-State-Zip:SPRING HILL FL 34608

Title MGR Title MGR

NameJOHNSTON, JAMESNameJOHNSTON, JAMESAddress5354 KEYSVILLE AVEAddress5354 KEYSVILLE AVECity-State-Zip:SPRING HILL FL 34608City-State-Zip:SPRING HILL FL 34608

Title MGR Title MGR

NameJOHNSTON, JAMESNameJOHNSTON, JAMESAddress5354 KEYSVILLE AVEAddress5354 KEYSVILLE AVECity-State-Zip:SPRING HILL FL 34608City-State-Zip:SPRING HILL FL 34608

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: JAMES JOHNSTON

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

04/17/2019