

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000172821

**Entity Name:** JOHNSON POST LLC

**Current Principal Place of Business:**

690 MAIN STREET  
#943  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

690 MAIN STREET  
#943  
SAFETY HARBOR , FL 34695 US

**FEI Number:** 84-3827458

**Certificate of Status Desired:** Yes

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

JOHNSON, KRISTINA R  
2329 NEWTON DR  
PALM HARBOR, FL 34683 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, KRISTINA R  
Address 2329 NEWTON DR  
City-State-Zip: PALM HARBOR FL 34683

*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:** KRISTINA R JOHNSON

**OWNER**

**03/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date