

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009891

Entity Name: CWH ASSOCIATES, L.L.C.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

Current Mailing Address:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

FEI Number: 59-3666335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD STE 200
JACKSONVILLE, FL 32216 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 MGRM
Name WALTON, BOBBY L
Address 279 SOPHIA TERRACE
City-State-Zip: ST. AUGUSTINE FL 32095

Title MEMBER
Name WALTON, PEGGY
Address 4348 SOUTHPOINT BLVD, STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER
Name WALTON, JOHN D
Address 4348 SOUTHPOINT BLVD, STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER
Name HARTLEY, HALEY
Address 4348 SOUTHPOINT BLVD, STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER
Name LORE, LINDSEY
Address 4348 SOUTHPOINT BLVD, STE 200
City-State-Zip: JACKSONVILLE FL 32216

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: BOBBY WALTON

MANAGER

05/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date