

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