

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109540

**Entity Name:** CHAPLIN WILLIAMS REFERRAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

5472 1ST COAST HIGHWAY  
SUITE ONE  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5472 1ST COAST HIGHWAY  
SUITE ONE  
AMELIA ISLAND, FL 32034 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, HUGH E  
5472 1ST COAST HIGHWAY  
SUITE ONE  
AMELIA ISLAND, FL 32034 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 MGMR  
Name WILLIAMS, HUGH E  
Address 5472 1ST COAST HIGHWAY  
City-State-Zip: SUITE ONE FL 32034

Title AUTHORIZED MEMBER  
Name CHAPLIN, DEBORAH  
Address 5472 1ST COAST HIGHWAY  
SUITE ONE  
City-State-Zip: AMELIA ISLAND FL 32034

*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:** HUGH WILLIAMS

MGMR

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date