

2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000008827

Entity Name: WJHFL LLC

Current Principal Place of Business:

3091 GOVERNORS LAKE DRIVE
SUITE 300
NORCROSS, GA 30071

Current Mailing Address:

3091 GOVERNORS LAKE DRIVE
SUITE 300
NORCROSS, GA 30071 US

FEI Number: 81-4256847

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MEMBER
Name CENTURY COMMUNITIES, INC.
Address 8390 E. CRESCENT PARKWAY
SUITE 650
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title AUTHORIZED MEMBER
Name VANDERCOOK, FREDERICK
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title PRESIDENT
Name HUFF, GREG
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title MEMBER
Name DOYLE, MOREY CHRISTOPHER
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title AUTHORIZED MEMBER
Name HOLLOWAY, ELIZABETH W.
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title AUTHORIZED MEMBER
Name HOLLAND, BRIAN
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title AUTHORIZED MEMBER
Name PHILLIPOFF, MATT
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

Title AUTHORIZED MEMBER
Name RYAN, CHRIS
Address 3091 GOVERNORS LAKE DRIVE
SUITE 300
City-State-Zip: NORCROSS GA 30071

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: ELIZABETH HOLLOWAY

**AUTHORIZED
REPRESENTATIVE**

05/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

