2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

indicated on this report is true and limited liability company or the

SIGNATURE:

Jul 19, 2007 8:00 am **Secretary of State** DOCUMENT # L03000041796 1. Entity Name 07-19-2007 90043 003 ****50.00 CHW, LLC Principal Place of Business Mailing Address 118 AVENIDA MENENDEZ 118 AVENIDA MENENDEZ ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (4/07) 2nd MOORE Applied For City & State City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, CATHERINE H Street Address (P.O. Box Number is Not Acceptable) 118 AVENIDA MENENDEZ ST. AUGUSTINE FL 32084 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or protein hadre of registered agent and life if applicable (NOTE: Registered Agent signature regioned when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Delete HILL HitE Change ☐ Addition WHITE, CATHERINE H NAME NAME STREET ADDRESS 118 AVENIDA MENENDEZ STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 71P CITY ST ZIP Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗆 Delete Change THLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP 11. Thereby certify that the information supplied with this filting goes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

curate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the rior trustee empowered to execute this report as required by Chapter 608, Floring Statutes

Daytime Phone #

NAGER, OR AUTHORIZED REPRESENTATIVE

FILED