

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060077

Entity Name: CCH BUILDERS, LLC

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

526 MARY ESTHER CUT-OFF NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

526 MARY ESTHER CUT-OFF NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

160 THURSTON PLACE
CRESTVIEW, FL 32536

FEI Number: 20-1480246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, TONY D
526 MARY ESTHER CUT-OFF NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLARK, TONY D
Address: 526 MARY ESTHER CUT-OFF NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: HADDEN, THOMAS
Address: 160 THURSTON PLACE
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM () Delete
Name: CHESSHER, ROGER D
Address: P. O. BOX 1416
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS HADDEN

MGR

08/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date