

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040356

Entity Name: ACCH, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 5893
GAINESVILLE, FL 32627

New Principal Place of Business:

15544 NW 25TH TERRACE
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 5893
GAINESVILLE, FL 32627

New Mailing Address:

15544 NW 25TH TERRACE
GAINESVILLE, FL 32609

FEI Number: 71-0981423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLEMMONS, GARY R
15544 NW 25TH TERRACE
GAINESVILLE, FL 32609 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: ANDREWS, RONALD F
Address: 11328 NW 136TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: COLSON, LEWIS C
Address: 3845 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: HANSEN, ALBERT C
Address: 13625 NW 56TH AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: CLEMMONS, GARY R
Address: 15544 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

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:

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: GARY R CLEMMONS

MGRM

05/01/2009

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