

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90036 033 ****50.00

DOCUMENT # L05000050418

1. Entity Name
CCV, LLC



Principal Place of Business

VIRGINIA D. PRIDGEN
40B, HWY 181W
DEFUNIAK SPRINGS, FL 32433

Mailing Address

VIRGINIA D. PRIDGEN
40B, HWY 181W
DEFUNIAK SPRINGS, FL 32433

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIDGEN, VIRGINIA D
40B, HWY 181W
DEFUNIAK SPRINGS, FL 32433

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KING, L. CATHERINE
86 PEACOCK ROAD
DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DIXON, CAROLYN C
139 PEACOCK ROAD
DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PRIDGEN, VIRGINIA D
40B, HWY 181W
DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Virginia D. Pridgen

01-07-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #