

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025538

Entity Name: NCH PROPERTIES, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

CYNTHIA LYNN CAMPBELL  
4921 DIXONVILLE ROAD  
JAY, FL 32565 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 159  
JAY, FL 32565 US

**New Mailing Address:**

FEI Number: 26-4720984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, CYNTHIA L  
4921 DIXONVILLE ROAD  
JAY, FL 32565 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  
Name: CAMPBELL, CYNTHIA L  
Address: 4921 DIXONVILLE ROAD  
City-St-Zip: JAY, FL 32565 US

Title: MGRM  
Name: HUDSON, ROBERT T  
Address: 5495 COTTONWOOD DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: MGRM  
Name: ALLEN, PAMELA J  
Address: 505 BOXWOOD LANE  
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby 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: CYNTHIA CAMPBELL

MGRM

04/15/2010

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