


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90134 043 \*\*\*\*50.00

<b>DOCUMENT # M02000002953</b> 1. Entity Name <b>C.P. CHUBB &amp; COMPANY, LLC</b>					
Principal Place of Business <b>330 N. BROAD ST., SUITE E THOMASVILLE GA 31799</b>			Mailing Address <b>330 N. BROAD ST. SUITE E THOMASVILLE GA 31799</b>		
2. Principal Place of Business <b>330 N. Broad St. Ste E</b>		3. Mailing Address <b>P.O. Box 9</b>			
Suite, Apt. #, etc. <b>Ste. E</b>		Suite, Apt. #, etc. 			
City & State <b>Thomasville, GA</b>		City & State <b>Thomasville, GA</b>			
Zip <b>31792</b>		Country <b>USA</b>		Zip <b>31799</b>	
Country <b>USA</b>		Country <b>USA</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>WOLSFELT, GERARD R 2313 NW 23RD TERRACE GAINESVILLE FL 32605</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CHUBB, CHRISTOPHER P 330 N. BROAD ST. SUITE E THOMASVILLE GA 31799</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MORETON, DAVID H III 330 N. BROAD ST. SUITE E THOMASVILLE GA 31799</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>4/26/04</b> Daytime Phone #: <b>228-221-5644</b>		

**24063655**



MOORE CR2E083 (11/03)

4. FEI Number **58-2524381** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required