


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002953		
1. Entity Name C.P. CHUBB & COMPANY, LLC		
Principal Place of Business 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799	Mailing Address PO BOX 9 THOMASVILLE, GA 31799	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOLSFELT, GERARD R 2313 NW 23RD TERRACE GAINESVILLE, FL 32605		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHUBB, CHRISTOPHER P 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORETON, DAVID H III 330 N. BROAD ST. SUITE E THOMASVILLE, GA 31799	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Pam Bramlett / Pam Bramlett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>4/14/06</u> Daytime Phone #: <u>229/227-5044</u>



02162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
58-2524381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000520855
05/02/06-80112-014 50.00