

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000093428

**Entity Name:** CHURCHILL STATESIDE NC TAX CREDIT FUND V, LLC

**Current Principal Place of Business:**

601 CLEVELAND STREET  
SUITE 850  
CLEARWATER, FL 33755

**Current Mailing Address:**

601 CLEVELAND STREET  
SUITE 850  
CLEARWATER, FL 33755 US

**FEI Number:** 37-1793619

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 850  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CHURCHILL STATESIDE NC  
                  MANAGING MEMBER LLC  
Address       601 CLEVELAND ST., SUITE 850  
City-State-Zip: CLEARWATER FL 33755

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEVIN SANDERSON

**AUTHORIZED PERSON**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date