

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002670

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** CAMPOS TOOL SUPPLIES, L.C.

**Current Principal Place of Business:**

18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0877185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDGAR, IVAN CAMPOS  
18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180 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: CAMPOS, EDGAR IVAN  
Address: 21200 POINT PLACE SUITE 762  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: CAMPOS, GERMAN RENE  
Address: 18851 NE 29TH AVENUE SUITE 762  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: CAMPOS, JORGE NADHRY  
Address: 18851 NE 29TH AVENUE SUITE 762  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: CAMPOS, DENISE XIMENA  
Address: 18851 NE 29TH AVENUE SUITE 762  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: CAMPOS, ANA EDILMA BAR  
Address: 18851 NE 29TH AVENUE SUITE 762  
City-St-Zip: AVENTURA, FL 33180

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: IVAN CAMPOS

MR

01/25/2011

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