

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000163765

Entity Name: CAMPUS PIXEL LLC

Current Principal Place of Business:

8005 SW 107 AVENUE
212
MIAMI, FL 33173

Current Mailing Address:

8005 SW 107 AVENUE
212
MIAMI, FL 33173

FEI Number: 46-4165422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARMENTER, JOHN R
8005 SW 107 AVENUE
212
MIAMI, FL 33173 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 MGR
Name PARMENTER, JOHN R
Address 8005 SW 107 AVENUE #212
City-State-Zip: MIAMI FL 33173

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: JOHN PARMENTER

MANAGER

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date