

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000005699

**Entity Name:** CAMMING CON, LLC

**Current Principal Place of Business:**

C/O GRAVIER & ASSOCIATES  
396 ALHAMBRA CIRCLE SUITE 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O GRAVIER & ASSOCIATES  
396 ALHAMBRA CIRCLE SUITE 900  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-4538578

**Certificate of Status Desired:** No

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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	Title	MGR
Name	COX, CLINTON	Name	MCNEELY, STACEY
Address	C/O GRAVIER & ASSOCIATES 396 ALHAMBRA CIRCLE SUITE 900	Address	C/O GRAVIER & ASSOCIATES 396 ALHAMBRA CIRCLE SUITE 900
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** CLINTON COX

MGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date