

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000143003

**Entity Name:** GUSTAVO OCAMPO LLC

**Current Principal Place of Business:**

1624 BELLROSE DRIVE NORTH  
CLEARWATER, FL 33756

**Current Mailing Address:**

1624 BELLROSE DRIVE NORTH  
CLEARWATER, FL 33756

**FEI Number:** 83-0865071

**Certificate of Status Desired:** No

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

OCAMPO, GUSTAVO  
1624 BELLROSE DRIVE NORTH  
CLEARWATER, FL 33756 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            AMBR  
Name            OCAMPO, GUSTAVO  
Address        1624 BELLROSE DRIVE NORTH  
City-State-Zip: CLEARWATER FL 33756

Title            AMBR  
Name            GONZALEZ, LINA  
Address        1624 BELLROSE DRIVE NORTH  
City-State-Zip: CLEARWATER FL 33756

*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:** GUSTAVO OCAMPO

AMBR

04/02/2019

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

\_\_\_\_\_  
Date