

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000264535

Entity Name: CAMO PRO, LLC**Current Principal Place of Business:**7962 NW 116TH AVE
MIAMI, FL 33178**Current Mailing Address:**7962 NW 116TH AVE
MIAMI, FL 33178 US**FEI Number:** 83-2550601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORALES, MARIA ISABEL MBRM
7962 NW 116TH AVE
DORAL, FL 33178 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:** MARIA I MORALES

03/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CAVANNA, ROBERTO J
Address 7962 NW 116TH AVE
City-State-Zip: DORAL FL 33178

Title MBRM
Name MORALES, MARIA I
Address 7962 NW 116TH AVE
City-State-Zip: DORAL FL 33178

Title MBR
Name CAVANNA, MELISSA D
Address ROZENLAAN 1B 3051 LH
City-State-Zip: ROTTERDAM HO 00000

Title MBR
Name CAVANNA, GIANCARLO
Address AV BRASIL 3070 EDF MICENAS PT 804
City-State-Zip: MONTEVIDEO UR 00000

Title MBR
Name CAVANNA, ALDO S
Address AV BRASIL 3070 ED MICENAS PT 804
City-State-Zip: MONTEVIDEO UR 00000

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: MARIA ISABEL MORALES TORRES

03/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date