

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000164384

Entity Name: CAMP INSURANCE LLC

Current Principal Place of Business:

126 W STATE RD 434
WINTER SPRINGS, FL 32708

Current Mailing Address:

126 W STATE ROAD 434
WINTER SPRINGS, FL 32708 US

FEI Number: 84-2177058

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVILA, HERMEN C
976 N RONALD REAGAN BLVD
LONGWOOD, FL 32750 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 MGRM
Name CAMP, ERIC
Address 976 N RONALD REAGAN BLVD
City-State-Zip: LONGWOOD FL 32750

Title MGR
Name KARMEN CONSULTANT GROUP LLC
Address 976 N RONALD REAGAN BLVD
City-State-Zip: LONGWOOD FL 32750

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: ERIC CAMP

MGR MBR

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date