

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000104324

**Entity Name:** CAMPE LLC

**Current Principal Place of Business:**

BOX 651  
GULF BREEZE, FL 32561

**Current Mailing Address:**

PO BOX 651  
GULF BREEZE, FL 32561 US

**FEI Number:** 88-3675971

**Certificate of Status Desired:** No

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

ROGERS, BRANDON L  
820 SILVER STRAND  
GULF BREEZE, FL 32563 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 AR  
Name ROGERS, BRANDON L  
Address 820 SILVER STRAND  
City-State-Zip: GULF BREEZE FL 32563

Title AR  
Name ROGERS, SONIA H  
Address 820 SILVER STRAND  
City-State-Zip: GULF BREEZE FL 32563

*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:** SONIA ROGERS

AR

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date