

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000182774

**Entity Name:** CAMAC RSP LLC

**Current Principal Place of Business:**

8180 NW 36ST STE 406  
DORAL, FL 33166

**Current Mailing Address:**

8180 NW 36ST STE 406  
DORAL, FL 33166

**FEI Number:** 88-2160507

**Certificate of Status Desired:** No

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

MEDINA & ASSOCIATES  
7270 NW 12TH ST  
PH 8  
MIAMI, FL 33126 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:** HENRY MEDINA

03/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ATACAMA GROUP LLC  
Address 7270 NW 12TH ST  
PH 8  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name FERREYRA , AGOSTINA  
Address 8180 NW 36ST  
STE 406  
City-State-Zip: DORAL FL 33166

Title AMBR  
Name FERREYRA , ALEJO  
Address 8180 NW 36ST STE 406  
City-State-Zip: DORAL FL 33166

Title AMBR  
Name FERREYRA , MALENA S  
Address 8180 NW 36ST STE 406  
City-State-Zip: DORAL FL 33166

Title AMBR  
Name FERREYRA , CAROLINA  
Address 8180 NW 36ST STE 406  
City-State-Zip: DORAL FL 33166

*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:** ATACAMA GROUP LLC

AMBR

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date