

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000123982

**Entity Name:** CAMPOLONGO LLC

**Current Principal Place of Business:**

10205 NW 19TH STREET, SUITE 100  
DORAL, FL 33172

**Current Mailing Address:**

10205 NW 19TH STREET, SUITE 100  
DORAL, FL 33172 US

**FEI Number:** 32-0722610

**Certificate of Status Desired:** No

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

CSG - CAPITAL SERVICES GROUP, INC.  
1191 E NEWPORT CENTER DR #103  
DEERFIELD BEACH, FL 33442 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            G. CAMPOLONGO, LUIZ CARLOS  
Address        4844 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

Title            AMBR  
Name            G. CAMPOLONGO, THALITA  
Address        4844 NW 94TH DORAL PLACE  
City-State-Zip: DORAL FL 33178

*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:** G. CAMPOLONGO , LUIZ CARLOS

AMBR

03/19/2024

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

\_\_\_\_\_ Date