

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000550285

**Entity Name:** CAMAROTTI AND HHHB HOMES LLC

**Current Principal Place of Business:**

2903 SE PINE VALLEY ST  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

2903 SE PINE VALLEY ST  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 99-1850156

**Certificate of Status Desired:** No

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

LULICH & ATTORNEYS P.A.  
1069 MAIN STREET  
SEBASTIAN, FL 32958 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           | MGR                       | Title           | MGR                         |
| Name            | CAMAROTTI, DONOVAN        | Name            | BOYNES, DAVID               |
| Address         | 2903 SE PINE VALLEY ST    | Address         | 12923 BONNETTE DRIVE        |
| City-State-Zip: | PORT SAINT LUCIE FL 34952 | City-State-Zip: | PALM BEACH GARDENS FL 33418 |

*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:** DONOVAN CAMAROTTI

MGR

05/01/2024

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

\_\_\_\_\_  
Date