

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002670

**Entity Name:** CAMPOS TOOL SUPPLIES, L.C.

**Current Principal Place of Business:**

18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180

**FEI Number:** 65-0877185

**Certificate of Status Desired:** No

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

EDGAR, IVAN CAMPOS  
18851 NE 29TH AVENUE  
SUITE 762  
AVENTURA, FL 33180 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 CAMPOS, EDGAR IVAN  
Address 21200 POINT PLACE SUITE 762  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CAMPOS, GERMAN RENE  
Address 18851 NE 29TH AVENUE SUITE 762  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CAMPOS, JORGE NADHRY  
Address 18851 NE 29TH AVENUE SUITE 762  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CAMPOS, DENISE XIMENA  
Address 18851 NE 29TH AVENUE SUITE 762  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name CAMPOS, ANA EDILMA BAR  
Address 18851 NE 29TH AVENUE SUITE 762  
City-State-Zip: AVENTURA FL 33180

*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:** EDGAR IVAN CAMPOS

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date