

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 010 ****50.00

DOCUMENT # L00000004006

1. Entity Name
CAMPO, L.L.C.



Principal Place of Business
3621 BAYOU CIRCLE
LONGBOAT KEY, FL 34228

Mailing Address
3621 BAYOU CIRCLE
LONGBOAT KEY, FL 34228

90157304

2. Principal Place of Business

3. Mailing Address
200 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
C/O RIC GREGORIA

City & State

City & State
SARASOTA, FL 34236

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip
34236

Country
U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORIA, RIC
200 S. ORANGE AVENUE
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

Make Check Payment to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DESANTO, MARIA
3621 BAYOU CIRCLE
LONGBOAT KEY, FL 34228**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)