LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90056 047 ****55.00

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DOCUMENT # L01000010620

1. Entity Name
Camisade LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10211 W. Sample Rd.	10211 W. Sample Rd.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065 Country USA	Zip 33065 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200

City Miami Beach FL Zipcode 33139

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1st

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Ralph K. Logan Jr.
STREET ADDRESS	30134 Dobbin-Huffsmith Rd.
CITY-ST-ZIP	magnolia TX 77354
TITLE	MGRM
NAME	Amber DuBruiel
STREET ADDRESS	22352 SW. 57th Cir.
CITY-ST-ZIP	Boca Raton FL 33428
TITLE	MGRM
NAME	Anthony J. Bettini
STREET ADDRESS	234 Depot st.
CITY-ST-ZIP	South Easton MA 02375
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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 608, Florida Statutes.

SIGNATURE: _____ 4-25-02 954-899-7610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #