

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

05-27-2002 90408 018 ***150.00
03-05-2002 90017 038 ****50.00
L01000014013

DOCUMENT # **L01000014013**

1. Entity Name

**CAMP CREEK ENTERPRISES
LLC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550 SEABREEZE CIR

3. Mailing Address

PO BOX 611426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

City & State

ROSEMARY BEACH FL

Zip

Country

32413

US

Zip

Country

32461

US

4. FEI Number

59-3755485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CLAUDIA A. MORR

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

550 SEABREEZE CIRCLE

PANAMA CITY BEACH FL

Zip Code

32413

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

Claudia A. Morr

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

10/17/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **CLAUDIA A. MORR**
STREET ADDRESS **550 SEABREEZE CIRCLE**
CITY-ST-ZIP **PANAMA CITY BCH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR**
NAME **JAMES J. MORR**
STREET ADDRESS **550 SEABREEZE CIRCLE**
CITY-ST-ZIP **PANAMA CITY BCH, FL 32413**

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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 608, Florida Statutes.

SIGNATURE: *Claudia A. Morr*

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

Date

10/17/02

Daytime Phone #

850-231-0527

CR2E083B (12/01)