# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 10 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015892

1. Entity Name: Camelot Rental Agency LLC.

**DO NOT WRITE IN THIS SPACE**

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 885 SE 47th TERRACE | 4306 SW 104th AVE |
| Suite, Apt. #, etc.: C | Suite, Apt. #, etc.: |
| City & State: Cape Coral | City & State: Cape Coral FL |
| Zip: 33904 Country: Lee | Zip: 33914 Country: LEE |

4. FEI Number: 45-0481110 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Kevin Corasio

Street Address (P.O. Box Number is Not Acceptable): 4306 SW 104th Ave

City: Cape Coral FL Zip Code: 33914

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: KEVIN F. CORASIO MEM. DATE: 3/27/03.
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member President<br>Kevin F. Corasio<br>4306 SW 104th Ave.<br>Cape Coral, FL. 33914 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member, Vice President<br>Jennifer Corasio<br>4306 SW 104th Ave.<br>Cape Coral, FL 33914. |
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CR2E083B (12/02)

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:** _____ 3/27/03 (239) 945 3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #