

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027098

FILED
Sep 01, 2009
Secretary of State

Entity Name: CAMP EXTREME TOURS, LLC

Current Principal Place of Business:

2838 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2838 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 32-0086048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HART, DEREK E
1908 TY TY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HART, DEREK E CEO
1908 TY TY
TALLAHASSEE, FL 32308 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: DEREK HART

09/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HART, DEREK E
Address: 1908 TY TY CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HART, DEREK E CEO
Address: 1908 TY TY CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Change (X) Addition
Name: COSNER, JENEVIEVE E CFO
Address: 1908 TY TY CT
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEREK HART

CEO

09/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date