

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000027098

**Entity Name:** CAMP EXTREME TOURS, LLC

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2838 INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2387 BLOXHAM CUOFF RD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

2838 INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2387 BLOXHAM CUTOFF RD  
CRAWFORDVILLE, FL 32327

**FEI Number:** 32-0086048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

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

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DEREK HART

MGRM

10/14/2014

Electronic Signature of Authorized Person

Date