


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90040 032 \*\*\*150.00

<b>DOCUMENT # L03000046078</b> 1. Entity Name JAMES R. CAMPBELL, LLC	
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Principal Place of Business 7935 RANCH ROAD PORT RICHEY, FL 34668 US	Mailing Address 7935 RANCH ROAD PORT RICHEY, FL 34668 US
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**DO NOT WRITE IN THIS SPACE**

04112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0419577

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES R  
7935 RANCH ROAD  
PORT RICHEY, FL 34668

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CAMPBELL, JAMES R 7935 RANCH RD PORT RICHEY, FL 34668
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *James R Campbell* **4-13-07** **727-809-42900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #