

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000040133

Entity Name: CAMP LLC

FILED  
Oct 07, 2005  
Secretary of State

**Current Principal Place of Business:**

8401 SHADY GLEN DR  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8401 SHADY GLEN DR  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

AM&E SERVICES LLC  
801 N. MAGNOLIA AVE, STE 301  
ORLANDO, FL 32802 US

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

C.A.M.P, LLLP  
8401 SHADY GLEN DRIVE  
ORLANDO, FL 32819 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: CLAIRE-MARIE CALIXTE

10/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CAMP, LLLP,  
Address: PO BOX 1081  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Change (X) Addition  
Name: CALIXTE, CLAIRE-MARIE  
Address: 8401 SHADY GLEN DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Change (X) Addition  
Name: CALIXTE, ALAIN M  
Address: 8401 SHADY GLEN DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAIRE-MARIE CALIXTE

PRES

10/07/2005

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