

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90340 014 ****50.00

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DOCUMENT # L04000066620 1. Entity Name CAMELION HOLDINGS, LLC					
Principal Place of Business 7440 S.W. 50TH TERRACE, #101 MIAMI, FL 33155			Mailing Address 7440 S.W. 50TH TERRACE, #101 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 5000 S W 75th Avenue		3. Mailing Address 5000 S W 75th Avenue			
Suite, Apt. #, etc. Suite 116		Suite, Apt. #, etc. Suite 116			
City & State Miami, FL		City & State Miami, FL			
Zip 33155	Country Miami-Dade	Zip 33155	Country Miami-Dade	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SILVA, ROSARIO M 8001 SW 69TH TERRACE MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAN, SONG CHUN 7440 S.W. 50TH TERRACE, #101 MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, ROSARIO M 7440 S.W. 50TH TERRACE, #101 MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, ROSARIO M 7440 S.W. 50TH TERRACE, #101 MIAMI, FL 33155	<input type="checkbox"/> Delete			
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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: <u>Rosario M Silva</u> Rosario M Silva 4/23/07 305-666-4713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					