

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000072458

1. Entity Name

EL CAMBA, L.L.C.



Principal Place of Business

7061 SOUTH TAMiami TRAIL
VENICE FL 34231

Mailing Address

29605 US 19
130
CLEARWATER FL 33761



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-1714838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, MICHAEL L
7061 S TAMiami TRAIL
VENICE FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY ST ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
MGRM COOK, MICHAEL L 7061 SOUTH TAMiami TRAIL VENICE FL 34231	<input type="checkbox"/>	U00000681465 04/04/07-80044-018 50.00	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DEPEASE James E. P. Controller 2/26/07 727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #