

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 040 ***138.75

DOCUMENT # L05000040622

1. Entity Name
CAMIL WAREHOUSE, LLC



Principal Place of Business
**901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134**

Mailing Address
**901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8924062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HENAO, LUIS
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

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

Date

Daytime Phone #

4/28/08

305-444-1741

Luis Henao