

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050196

Entity Name: CAMERO, LLC

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

11091 NW 27 STREET
SUITE 100
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

11091 NW 27 STREET
SUITE 100
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 20-2870299 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

CALDERON, STEVEN M
11091 NW 27 STREET
SUITE 100
MIAMI, FL 33172 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALDERON, STEVEN M
Address: 11091 NW 27 STREET, SUITE 100
City-St-Zip: MIAMI, FL 33172 US

Title: MGRM () Delete
Name: MELENDEZ, CARLOS
Address: 4511 NW 94 CT.
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: ROMERO, LUIS
Address: 11091 NW 27 STREET, SUITE 100
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARLOS MELENDEZ

MGRM

07/09/2009

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