

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 008 ***150.00

DOCUMENT # L05000074326

1. Entity Name
INVERSIONES CAMVEL, LLC



Principal Place of Business
**10865 SW 135TH TERRACE
MIAMI, FL 33176**

Mailing Address
**10865 SW 135TH TERRACE
MIAMI, FL 33176**

60055491



08202007 No Chg-LLC

CR2E083 (11/05)

NOT WRITE IN THIS SPACE

4. FEI Number
20-3216497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Name and Address of Current Registered Agent

CAMP OSCAR
10865 SW 135TH TERRACE
MIAMI, FL 33176

**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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CAMP OSCAR
10865 SW 135TH TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VIZ, GLORIA
10865 SW 135TH TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #