

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024435

Entity Name: CAMP MISHEMOKWA, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

12546 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

## **New Principal Place of Business:**

20 BATTERY PARK AVE  
SUITE 515  
ASHEVILLE, NC 28801 US

## **Current Mailing Address:**

20 BATTERY PARK AVE.  
515  
ASHEVILLE, NC 28801 US

## **New Mailing Address:**

FEI Number: 20-4450554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BLUM, DARREN C  
12546 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

## **Name and Address of New Registered Agent:**

BLUM, DARREN C  
110 E. BROWARD BLVD  
SUITE 1700  
FORT LAUDERDALE, FL 33301 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

04/25/2012

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLUM, DARREN C  
Address: 20 BATTERY PARK AVE. SUITE 515  
City-St-Zip: ASHEVILLE, NC 28801 US

Title: MGRM  
Name: BLUM, CHERYL  
Address: 20 BATTERY PARK AVE. SUITE 515  
City-St-Zip: ASHEVILLE, NC 28801 US

I hereby 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: DARREN C. BLUM

MGRM

04/25/2012

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