

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000036353**

1. Limited Liability Company's Name

THE CAMDEN W.P., LLC

800163944498
01/08/10--01035--002 **38.50
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 4 FIRST COURT		3. Mailing Office Address PO, BOX 1420	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINDERMERE FLORIDA		City & State WINTER PARK FLORIDA	
Zip 34786	Country ORANGE	Zip 32790	Country ORANGE

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 09/06/2006	
6. FEI Number 205147709	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **DOUGLAS P. TRIVILLON**

Street Address (P.O. Box Number is Not Acceptable):
4 FIRST COURT

Suite, Apt. #, Etc.

City: **WINDERMERE** State: **FL** Zip Code: **34786**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Date: **12/14/09**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
owner	DOUGLAS P. TRIVILLON	4 FIRST CT	WINDERMERE FL 34786
		S. HAWKES	
		EXAMINER	

11. E-mail Address: **DOUG@TRIVILLONCONSTRUCTION.COM**
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Date: **12/14/09** Daytime Phone #: **321 229 2585**

Typed or printed name of signing Managing Member/Manager: **DOUGLAS P. TRIVILLON**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2009

DOUGLAS P TROVILLION
4 FIRST COURT
WINDERMERE, FL 34786

SUBJECT: THE CAMDEN WP, LLC
Ref. Number: L06000036353

We have received your document for THE CAMDEN WP, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$38.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00039387