

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074952

Entity Name: LEONILA D. CAMBA, LLC

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2004 W. THONOTOSASSA ROAD  
101  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

2004 W. THONOTOSASSA ROAD  
S-101  
PLANT CITY, FL 33563

**New Mailing Address:**

2004 W. THONOTOSASSA ROAD  
101  
PLANT CITY, FL 33563

FEI Number: 35-2274442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMBA, LEONILA D  
2004 W. THONOTOSASSA ROAD  
S-101  
PLANT CITY, FL 33563 US

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

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: MGR  
Name: CAMBA, LEONILA D  
Address: 2004 W. THONOTOSASSA ROAD S-101  
City-St-Zip: PLANT CITY, FL 33563

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: LEONILA CAMBA

DR

03/28/2011

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