2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000078190

1. Entity Name
CAMIOS DELIVERY LLC

Principal Place of Business	Mailing Address
1460 NORTH EAST 161ST STREET NORTH MIAMI BEACH, FL 33162-4617 US	1460 NORTH EAST 161ST STREET NORTH MIAMI BEACH, FL 33162-4617 US

DO NOT WRITE IN THIS SPACE

02252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5198404
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CAMIO C
1460 NORTH EAST 161ST STREET
NORTH MIAMI BEACH, FL 33162-4617

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, CAMIO C
STREET ADDRESS	1460 NORTH EAST 161ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331624617
TITLE	MGRM
NAME	WILLIAM, CALVERT
STREET ADDRESS	1460 NORTH EAST 161ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, US
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	

U00000946665
05/30/08-80058-021 138.75

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: Camio Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #