


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90078 020 ***138.75

DOCUMENT # L07000043047	
1. Entity Name CAMPBELL KIDS LLC	

Principal Place of Business 2341 BRIAN AVENUE SOUTH DAYTONA, FL 32119 US	Mailing Address 2341 BRIAN AVENUE SOUTH DAYTONA, FL 32119 US
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2. Principal Place of Business - No P.O. Box # 4563 Woodcove Drive Suite, Apt. #, etc.	3. Mailing Address 4563 Woodcove Drive Suite, Apt. #, etc.
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City & State Port Orange, FL	City & State Port Orange, FL
Zip 32127	Country USA

6. Name and Address of Current Registered Agent CAMPBELL, MICHELLE E 2341 BRIAN AVENUE SOUTH DAYTONA, FL 32119	
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7. Name and Address of New Registered Agent Name CAMPBELL, MICHELLE E Street Address (P.O. Box Number is Not Acceptable) 4563 Woodcove Drive City Port Orange FL Zip Code 32127	
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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 <i>Michelle E. Campbell</i>	(NOTE: Registered Agent signature required when reinstating)	DATE 6/1/08

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, MICHELLE E 2341 BRIAN AVENUE SOUTH DAYTONA, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, MICHELLE E 4563 Woodcove Drive Port Orange, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Michelle E. Campbell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 6/1/08 Daytime Phone #

30007703



05272008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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