

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000108366

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** CAMPS PARTNERSHIP, LLC

**Current Principal Place of Business:**

7071 DAVIS CREEK ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7071 DAVIS CREEK ROAD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 26-2364677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, CAROLYN  
7071 DAVIS CREEK ROAD  
JACKSONVILLE, FL 32256 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:** CAROLYN ALLEN MGRM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALLEN, CAROLYN  
**Address:** 7071 DAVIS CREEK ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32256

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:** CAROLYN ALLEN

MGRM

10/04/2011

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