

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110670

Entity Name: M & D CAMPA, LLC

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

943 NE 2ND AVE  
HOMESTEAD, FL 33030

## New Principal Place of Business:

253 NE 2ND RD  
106  
HOMESTEAD, FL 33030

## Current Mailing Address:

943 NE 2ND AVE  
HOMESTEAD, FL 33030

## New Mailing Address:

253 NE 2ND RD  
106  
HOMESTEAD, FL 33030

FEI Number: 26-1904646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CAMPA, MANUEL  
943 NE 2ND AVE  
HOMESTEAD, FL 33030      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: MGRM      ( ) Delete  
Name: CAMPA, MANUEL  
Address: 943 NE 2ND AVE  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MANUEL CAMPA

MGRM

07/08/2008

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