

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068745

Entity Name: CAMPLUS, L.L.C.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1720 WEST ACRE DRIVE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1720 WEST ACRE DRIVE
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 26-2994649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOBBIO, LAURA P
1720 WEST ACRE DRIVE
SAINT CLOUD, FL 34769 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 () Delete
Name: BOBBIO, LAURA P
Address: 1720 WEST ACRE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM (X) Delete
Name: RIEDEMAN, CLINTON R
Address: 1720 WEST ACRE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES:

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

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: LAURA P BOBBIO

MGR

01/09/2009

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