

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068966

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** CAMPVILLE, LLC

**Current Principal Place of Business:**

405 7TH STREET S.E.  
JASPER, FL 32052

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 232  
JASPER, FL 32052

**New Mailing Address:**

P. O. BOX 232  
JASPER, FL 32052

**FEI Number:** 26-3002005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONINE, BETTE C  
405 7TH STREET S.E.  
JASPER, FL 32052 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CONINE, BETTE C  
Address: 405 7TH STREET S.E.  
City-St-Zip: JASPER, FL 32052

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:** BETTE C CONINE

MGR

01/13/2009

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