

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090556

Entity Name: CAM SPECIALIST, LLC

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

19806 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

19806 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32413 US

**New Mailing Address:**

FEI Number: 26-3410844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

DUCHEMIN, CLAIRE A  
2520-1 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 US

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

DUCHEMIN, CLAIRE A  
1615 VILLAGE SQUARE BLVD. SUITE #7  
TALLAHASSEE, FL 32309 US

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:

05/04/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLACKERBY, ROBERT R  
Address: 19806 PANAMA CITY BEACH PARKWAY  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGRM  
Name: BLACKERBY, KAREN A  
Address: 19806 PANAMA CITY BEACH PARKWAY  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGR  
Name: BLACKERBY, ROBERT E  
Address: 19806 PANAMA CITY BEACH PARKWAY  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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: ROBERT R. BLACKERBY

MGMR

05/04/2010

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