

L11000006223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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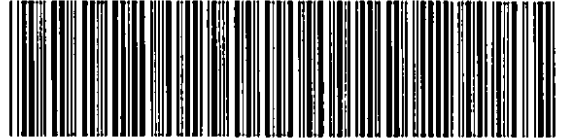
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAMZG, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN MCGANN  
\_\_\_\_\_  
Name of Person

P.A.V.C.O. CONTRACTING GROUP, LLC  
\_\_\_\_\_  
Firm/Company

1928 DAIRY ROAD  
\_\_\_\_\_  
Address

WEST MELBOURNE, FL 32904  
\_\_\_\_\_  
City/State and Zip Code

Kristin@pavcollc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Pistilli \_\_\_\_\_ at ( 321 \_\_\_\_\_ ) 951-2052 ext. 0  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

