

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG -2 AM 10:41

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000002226

CAMPS BAY MANUFACTURING, L.C.
9103 NW 105 WAY
MEDLEY FL 33178

1a. Principal Place of Business Address

9103 NW 105 WAY
MEDLEY FL 33178

2. Principal Place of Business

9103 NW 105 WAY

Suite, Apt. #, etc.

City & State

MEDLEY FL

Zip

33178

Country

2a. Mailing Address

9103 NW 105 WAY

Suite, Apt. #, etc.

City & State

Medley FL

Zip

33178

Country

3. Date Organized or Qualified

10/13/1998

3a. State of Formation

FL

4. FEI Number

65-086-8816

☐ Applied For

☐ Not Applicable

5. Date of Last Report

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6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

COHEN, JEFFREY R
297 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

8. Name and Address of New Registered Agent/Office

Name

STEAD, ASTRID

Street Address (P.O. Box Number is Not Acceptable)

9103 NW 105 WAY

Suite, Apt. #, etc.

City

MEDLEY

Zip Code

FL 33178

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

[Signature]

DATE

7/08

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RAUTENBACH, RETIEF	9103 NW 105 WAY	MEDLEY FL Delete
MGRM	STEAD, MALCOLM	9103 NW 105 WAY	MEDLEY FL Delete
MGRM	CHU, DANNY	9103 NW 105 WAY	MEDLEY FL 33178
MGRM	MOOLENAGHAN, DAVE	9103 NW 105 WAY	MEDLEY FL Delete
MGRM	CHU, William	9103 NW 105 WAY	MEDLEY FL 33178

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****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

[Signature] D.C.W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/08 305 882 7070