

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002670

FILED
Mar 20, 2009
Secretary of State

Entity Name: CAMPOS TOOL SUPPLIES, L.C.

Current Principal Place of Business:

13899 BISCAYNE BOULEVARD
SUITE 225
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

Current Mailing Address:

13899 BISCAYNE BOULEVARD
SUITE 225
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

FEI Number: 65-0877185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGAR, IVAN CAMPOS
13899 BISCAYNE BOULEVARD SUITE 225
MIAMI, FL 33181 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: MGRM () Delete
Name: CAMPOS, EDGAR IVAN
Address: 21055 YACHT CLUB DRIVE #1204
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: CAMPOS, GERMAN RENE
Address: 13899 BISCAYNE BOULEVARD SUITE 225
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM () Delete
Name: CAMPOS, JORGE NADHRY
Address: 13899 BISCAYNE BOULEVARD SUITE 225
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM () Delete
Name: CAMPOS, DENISE XIMENA
Address: 13899 BISCAYNE BOULEVARD SUITE 225
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM () Delete
Name: CAMPOS, ANA EDILMA BAR
Address: 13899 BISCAYNE BOULEVARD SUITE 225
City-St-Zip: NORTH MIAMI BEACH, FL 33181

ADDITIONS/CHANGES:

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

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

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

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: IVAN CAMPOS

MGR

03/20/2009

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