

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90019 026 ****55.00

DOCUMENT # L99000006221

1. Entity Name

CAMELLIA HOUSE, LLC.



Principal Place of Business

830 N. RIVERSIDE DR
#102
POMPANO BEACH FL 33062

Mailing Address

830 N. RIVERSIDE DR
#102
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

3941 N.E. 27th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LIGHTHOUSE POINT, FLA.

Zip

Country

Zip

Country

33064

USA

4. FEI Number

65-0955965

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARADONNA, ALFIO
3941 NE 27 TER
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CARADONNA, ALFIO
3941 NE 27 TER
LIGHTHOUSE POINT FL 33064 ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-6-06 (954) 854-2448