

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018311

Entity Name: CAMP AND FORE, LLC**Current Principal Place of Business:**943 S.E. FORT KING STREET
OCALA, FL 34471**Current Mailing Address:**943 S.E. FORT KING STREET
OCALA, FL 34471**FEI Number:** 04-3613897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMP, GENE B
943 S.E. FORT KING STREET
OCALA, FL 34471 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name CAMP, KEVIN B
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name CAMP, GENE B
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name FORE, MERRITT CJR
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name FORE III, MERRITT C
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name CLIFFORD, KRISTEN C
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

Title AUTHORIZED MEMBER
Name FORE, MAC P
Address 943 S.E. FORT KING STREET
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE B. CAMP**PRESIDENT****02/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date