

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111937

**Entity Name:** CAMPELLO & CAMPELLO, LLC

**Current Principal Place of Business:**

475 BRICKELL AVE  
APT4809  
MIAMI, FL 33131

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC4143737951**

**Current Mailing Address:**

475 BRICKELL AVE  
APT 4809  
MIAMI, FL 33131 US

**FEI Number:** 20-8292692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMPELLO, CLARA VANESSA  
475 BRICKELL AVE, APT 4809  
MIAMI, FL 33131 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	MGRM	Title	MGRM
Name	CAMPELLO, CRISTINA	Name	CAMPELLO, CLARA VANESSA
Address	1050 BRICKELL AVE APT 2402	Address	475 BRICKELL AVE APT4809
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** CLARA VANESSA CAMPELLO

**MNGR**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date