

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084789

**Entity Name:** CAMYR MANAGEMENT, LLC

**Current Principal Place of Business:**

6910 NW 29TH CT.  
MARGATE, FL 33063

**Current Mailing Address:**

6910 NW 29TH CT.  
MARGATE, FL 33063 US

**FEI Number:** 26-3311118

**Certificate of Status Desired:** No

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

ALONSO, CARLOS  
6910 NW 29 CT  
MARGATE, FL 33063 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	MGR	Title	MGRM
Name	CAMYR MANAGEMENT,LLC	Name	ALONSO, CARLOS SR
Address	6910 NW 29TH. CT.	Address	6910 NW 29TH CT.
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063

*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:** CARLOS ALONSO

**MANAGER**

**04/24/2014**

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

\_\_\_\_\_  
Date