## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000055851

Entity Name: CAMILE, LLC

**Current Principal Place of Business:** 

226 MT. CURVE AVE. NE ST PETERSBURG. FL 33702

**Current Mailing Address:** 

P.O. BOX 1938

PINELLAS PARK. FL 33780 US

FEI Number: 27-0318282 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LE, DIEP 226 MT. CURVE AVE. NE ST PETERSBURG, FL 33702 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

Date

FILED Apr 04, 2024

**Secretary of State** 

7903374279CC

## Authorized Person(s) Detail:

Title MGRM
Name LE, DIEP

Address P.O. BOX 1938

City-State-Zip: PINELLAS PARK FL 33780

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: DIEP LE MGRM 04/04/2024