

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060646

**FILED**  
**Feb 03, 2019**  
**Secretary of State**  
**8903278011CC**

**Entity Name:** J.H. CAMPBELL INVESTMENTS, LLC

**Current Principal Place of Business:**

8118 GLENMORE DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

8118 GLENMORE DRIVE  
TALLAHASSEE, FL 32312 US

**FEI Number:** 27-2803531

**Certificate of Status Desired:** No

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

CAMPBELL, JAMES H  
8118 GLENMORE DRIVE  
TALLAHASSEE, FL 32312 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  
Name CAMPBELL, JAMES H  
Address 8118 GLENMORE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGR  
Name CAMPBELL, STACEY R  
Address 8118 GLENMORE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM  
Name JAMES H. CAMPBELL IRA  
Address 8118 GLENMORE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

*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:** JAMES H CAMPBELL

**MGR**

**02/03/2019**

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

\_\_\_\_\_  
Date