#### 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 A DE MENA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: CAMCON GROUP, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

4970 SW 72 AVE SUITE 109 MIAMI, FL 33155

#### **Current Mailing Address:**

DOCUMENT# L11000020892

4970 SW 72 AVE **SUITE 109** MIAMI, FL 33155 US

### FEI Number: 46-1769307

### Name and Address of Current Registered Agent:

DE MENA, CARLOS A 4970 SW 72ND AVE #109 MIAMI, FL 33155 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	CARLOS A DE MENA			01/26/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGING MEMBER	Title	MANAGER	
Name	DE MENA, CARLOS A III	Name	DE MENA, CARLOS J JR.	
Address	1125 ADUANA AVENUE	Address	1125 ADUANA AVENUE	
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146	

## Certificate of Status Desired: No

01/26/2018

Date

### FILED Jan 26, 2018 Secretary of State CC8044019855

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

PRESIDENT