

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083471

Entity Name: CAMZ LLC

Current Principal Place of Business:

7 WAKEMAN PLACE
WESTPORT, CT 06880

Current Mailing Address:

7 WAKEMAN PLACE
WESTPORT, CT 06880

FEI Number: 46-3020518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILINGS INC.
3732 NORTHWEST 16 STREET
FORT LAUDERDALE, FL 33311 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
Name ZEOLI, MICHAEL
Address 7 WAKEMAN PLACE
City-State-Zip: WESTPORT CT 06880

Title MGRM
Name ZEOLI, CYNTHIA
Address 7 WAKEMAN PLACE
City-State-Zip: WESTPORT CT 06880

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: MICHAEL ZEOLI

MGMR

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date