

**2018 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 A. ZEOLI

**MGRM**

**01/14/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date