

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000005820

**Entity Name:** VARCAMP GROUP, LLC

**Current Principal Place of Business:**

633 N KROME AVENUE  
SUITE 3  
HOMESTEAD, FL 33030

**Current Mailing Address:**

PO BOX 900548  
HOMESTEAD, FL 33090 US

**FEI Number:** 82-1072726

**Certificate of Status Desired:** No

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

VARELA, MYRIAM J  
633 N KROME AVENUE  
SUITE 3  
HOMESTEAD, FL 33030 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 VARELA, MYRIAM J  
Address PO BOX 900548  
City-State-Zip: HOMESTEAD FL 33090

Title MGR  
Name CAMPBELL, KAREN S  
Address PO BOX 900548  
City-State-Zip: HOMESTEAD FL 33090

Title MGR  
Name CAMPBELL, BRYAN  
Address PO BOX 900548  
City-State-Zip: HOMESTEAD FL 33090

Title MGR  
Name VARELA, ANGELICA  
Address PO BOX 900548  
City-State-Zip: HOMESTEAD FL 33090

Title MGR  
Name VARELA, LUIS E. JR.  
Address PO BOX 900548  
City-State-Zip: HOMESTEAD FL 33090

*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:** MYRIAM J VARELA

**MANAGER**

**04/10/2023**

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

\_\_\_\_\_  
Date