

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000008549

Entity Name: CAMP AARON, LLC

Current Principal Place of Business:

777 S HARBOUR ISLAND BLVD., STE. 210
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 130999
TAMPA, FL 33681-0999 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN ST
TAMPA, FL 33602 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 KREJCI, MARK S
Address P.O. BOX 130999
City-State-Zip: TAMPA FL 33681-0999

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: MARK S KREJCI

MANAGER

01/21/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date