

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000135791

**Entity Name:** CAMP STORM, LLC

**Current Principal Place of Business:**

1490 FAIRVIEW CIR  
REUNION, FL 34747

**Current Mailing Address:**

1490 FAIRVIEW CIR  
REUNION, FL 34747 US

**FEI Number:** 82-1933556

**Certificate of Status Desired:** No

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

BONANNE, THOMAS A  
1490 FAIRVIEW CIR  
REUNION, FL 34747 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	Title	MGR
Name	BONNANE, DANA C	Name	BONANNE, THOMAS A
Address	1490 FAIRVIEW CIR	Address	1490 FAIRVIEW CIR
City-State-Zip:	REUNION FL 34747	City-State-Zip:	REUNION FL 34747

*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:** THOMAS A BONANNE

**OWNER**

**04/16/2020**

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

\_\_\_\_\_  
Date