

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000034826

Entity Name: 350 CAMP LLC

Current Principal Place of Business:

2403 HARTSFIELD RD.
502
TALLAHASSEE, FL 32303

Current Mailing Address:

2403 HARTSFIELD RD.
502
TALLAHASSEE, FL 32303 US

FEI Number: 83-3588878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUART, WILLMORE
2403 HARTSFIELD RD.
502
TALLAHASSEE, FL 32303 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: WILLMORE STUART

05/03/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BACON, RAHEEM
Address 2403 HARTSFIELD RD., APT. 502
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name STUART, WILLMORE
Address 2403 HARTSFIELD RD., APT. 502
City-State-Zip: TALLAHASSEE FL 32303

Title MGR
Name CRAWFORD, KENNIE
Address 2403 HARTSFIELD RD., APT. 502
City-State-Zip: TALLAHASSEE FL 32303

Title MGR
Name SULLIVAN, ELECIA
Address 2403 HARTSFIELD RD., APT. 502
City-State-Zip: TALLAHASSEE FL 32303

Title AMBR
Name BACON, RAHEEM
Address 2403 HARTSFIELD RD., APT. 502
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT
Name GREEN, KIRON
Address 2403 HARTSFIELD RD.
502
City-State-Zip: TALLAHASSEE FL 32303

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: WILLMORE STUART

VP

05/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date