

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000081500

**Entity Name:** JAMES F. SCHAB CAM LLC

**Current Principal Place of Business:**

1400 TARPON CENTER #109  
#307  
VENICE, FL 34285

**Current Mailing Address:**

1400 TARPON CENTER #109  
#307  
VENICE, FL 34285 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SCHAB, JAMES F  
1400 TARPON CENTER #109  
#307  
VENICE, FL 34285 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	PRES	Title	MGR
Name	SCHAB, JAMES F	Name	SCHAB, TERESA A
Address	1400 TARPON CENTER	Address	1400 TARPON CENTER DR UNIT 307
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285

*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:** JAMES SCHAB

**PRES**

**01/25/2022**

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

\_\_\_\_\_  
Date