

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000218230

Entity Name: CAMTRONICS, LLC

Current Principal Place of Business:

122 W BEECHCRAFT DR.
TULSA, OK 74132

FILED
Apr 28, 2022
Secretary of State
9896568604CC

Current Mailing Address:

3000 TAFT ST
HOLLYWOOD, FL 33021

FEI Number: 86-3999996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALLOT, JOSEPH W
825 BRICKELL BAY DR STE 1644
MIAMI, FL 33131 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, TREASURER
Name MACAU, CARLOS L. JR.
Address 3000 TAFT ST
City-State-Zip: HOLLYWOOD FL 33021

Title MGR
Name CAMPBELL, DAVID
Address 122 W BEECHCRAFT DR.
City-State-Zip: TULSA OK 74132

Title MGR, PRESIDENT
Name MORELL, LUIS
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021

Title MGR
Name FEELEY, ANDY
Address 2020 W. DETROIT STREET
City-State-Zip: BROKEN ARROW OK 74012

Title MGR
Name MUNSIE, RICHARD
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name LETENDRE, ELIZABETH R
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021

Title ASSISTANT SECRETARY
Name MARTINEZ, JULISSA P
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021

Title ASSISTANT SECRETARY
Name MACHADO, VIVIAN
Address 825 BRICKELL BAY DR.
STE 1644
City-State-Zip: MIAMI FL 33131

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: CARLOS L. MACAU, JR.

TREASURER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date