

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000001367

Entity Name: CAMERON-COLE, LLC

Current Principal Place of Business:

200 EAST GOVERNMENT STREET
SUITE 100
PENSACOLA, FL 32502

Current Mailing Address:

200 EAST GOVERNMENT STREET
SUITE 100
PENSACOLA, FL 32502 US

FEI Number: 84-1577838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name EDWARDS, JEROME C
Address CAMERON-COLE, LLC, 5480
VALMONT ROAD, SUITE 200
City-State-Zip: BOULDER CO 80301

Title MANAGER
Name HOBBS, TIMOTHY C
Address 2236 MARINER SQUARE DR
STE 500
City-State-Zip: ALAMEDA CA 94501

Title MEMBER
Name ADEC PROFESSIONAL SERVICES
INC.
Address 250 COMMERCE
C/O FCS INTERNATIONAL SUITE 250
City-State-Zip: IRVINE CA 92602

Title PRESIDENT
Name BADELLES, JOSE RENATO. T
Address B6 L10 DE GUIA STREET, , TALON
DOS, LAS PINAS CITY 1747, PH
BF RESORT VILLAGE TALON DOS
City-State-Zip: LAS PINAS CITY OC

Title SECRETARY
Name ESGUERRA, CAROLINA S.
Address 13 TOLIBAO STREET
PHILAM LIFE VILLAGE 1747, PH
City-State-Zip: LAS PINAS CITY OC

Title VP
Name BONDURANT,, JOHN H.
Address 200 EAST GOVERNMENT STREET
SUITE 100
City-State-Zip: PENSACOLA FL 32502

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: CAROLINA S. ESGUERRA

SECRETARY

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date