# **2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000500052

Entity Name: CAMILLE 1, LLC

Mar 15, 2022 Secretary of State 5948553989CC

**FILED** 

# **Current Principal Place of Business:**

17032 BROOKWOOD DRIVE BOCA RATON, FL 33496

# **Current Mailing Address:**

**PO BOX 665** 

AVON, CT 06001 US

FEI Number: 87-3756566 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311 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 AMBR

Name STEPHEN D. FISH

SIGNATURE: GAY M. SCOTT

Address 17032 BROOKWOOD DRIVE City-State-Zip: BOCA RATON FL 33496

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.

Electronic Signature of Signing Authorized Person(s) Detail

03/15/2022

FINANCE MANAGER

Date