

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083144

**FILED**  
**May 12, 2008**  
**Secretary of State**

**Entity Name:** LACOSTE SERVICES, LLC

**Current Principal Place of Business:**

64 CROSS CREEK ROAD  
#25  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

37 DAYTONA ST.  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

64 CROSS CREEK ROAD  
#25  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

37 DAYTONA ST.  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 02-0784815      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACOSTE, HAROLD  
Address: 64 CROSS CREEK ROAD #25  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LACOSTE, HAROLD  
Address: 37 DAYTONA ST.  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HAROLD LACOSTE

MGRM

05/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date