

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019548

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** ACOSTA'S ENTERPRISES, LLC

**Current Principal Place of Business:**

4465 LENOX BLVD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4465 LENOX BLVD  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 20-8534307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

L.L. PROFESSIONAL SERVICES, INC.  
6900 S. ORANGE BLOSSOM TRAIL, SUITE 400  
ORLANDO, FL 32809 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: MGR ( ) Delete  
Name: ACOSTA, ALEXANDER  
Address: 4465 LENOX BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ACOSTA, MARIA P  
Address: 4465 LENOX BLVD  
City-St-Zip: ORLANDO, FL 32811

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: ALEXANDER ACOSTAS

MGR

03/16/2009

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