


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000019818**

1. Entity Name  
**COSMEN, LLC**



Principal Place of Business      Mailing Address  
**17822 NW 81 COURT**      **17822 NW 81 COURT**  
**MIAMI FL 33015**      **MIAMI FL 33015**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**JORGE H. RAMOS, P.A.**  
**2250 SW 3RD AVE. 5TH FLOOR**  
**MIAMI FL 33129**

4. FEI Number      Applied For  
**01-0555275**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

000000950804  
 06/04/08-80006-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>COSTA, OSVALDO</b>
STREET ADDRESS	<b>17822 NW 81 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>COSTA, MIRTA</b>
STREET ADDRESS	<b>17822 NW 81 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>MENDEZ, MELISA</b>
STREET ADDRESS	<b>17822 NW 81 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>MENDEZ, MICHAEL R</b>
STREET ADDRESS	<b>17822 NW 81 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytona Phone #