2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000003888

1. Entity Name
RM ACOSTA FAMILY, L.L.C.

Principal Place of Business	Mailing Address
662 RIVIERA DR. TAMPA, FL 33606	662 RIVIERA DR. TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

07112007No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3611503

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

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: X _____ 7/18/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

U00000770131
07/24/07-80003-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ACOSTA, RUDOLPH JR
STREET ADDRESS	6621 RIVIERA DR
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	ACOSTA, ANTHONY
STREET ADDRESS	3004 SUNSET WAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	MGRM
NAME	ACOSTA, DAVID
STREET ADDRESS	3340 CHASE AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X _____ 7/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #