


138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007778	
1. Entity Name THE ACOSTA GROUP, LLC	

Principal Place of Business % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131	Mailing Address % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

FILED
08 MAY 16 PM 1:05

CLERK OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3639100	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, MARIO R P.A. 2000 PONCE DE LEON BLVD., #102 CORAL GABLES, FL 33134	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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, NELSON 2200 N. COMMERCE PKWY #100 WESTON, FL 33326
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #