

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007778

FILED
Aug 25, 2009
Secretary of State

Entity Name: THE ACOSTA GROUP, LLC

Current Principal Place of Business:

% NELSON ACOSTA
1155 BRICKELL BAY DR. #1904
MIAMI, FL 33131

New Principal Place of Business:

NELSON ACOSTA
4714 SW 74TH AVE
MIAMI, FL 33155

Current Mailing Address:

% NELSON ACOSTA
1155 BRICKELL BAY DR. #1904
MIAMI, FL 33131

New Mailing Address:

NELSON ACOSTA
4714 SW 74TH AVE
MIAMI, FL 33155

FEI Number: 04-3639100 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:

DELGADO, MARIO R P.A.
2000 PONCE DE LEON BLVD., #102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DELGADO, MARIO R P.A.
2000 PONCE DE LEON BLVD., #102
4TH FLOOR
CORAL GABLES, FL 33134 US

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: SPIEGEL & UTRERA

08/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA, NELSON
Address: 2200 N. COMMERCE PKWY #100
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACOSTA, NELSON
Address: 4714 SW 74TH AVE
City-St-Zip: MIAMI, FL 33155

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: NELSON ACOSTA

PRES

08/25/2009

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