

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

08-26-2008 90015017 ****50.00
L02000022685

DOCUMENT # L02000022685

1. Entity Name
KOSTUME, LLC



Principal Place of Business
3831 ESTEPONA AVE.
MIAMI, FL 33178

Mailing Address
3831 ESTEPONA AVE
MIAMI, FL 33178

FILED

2008 OCT -3 P 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

06172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
13-4212566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, FERNANDA S
3831 ESTEPONA AVE.
MIAMI, FL 33178

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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 then applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALVAREZ, FERNANDA S
STREET ADDRESS	3831 ESTEPONA AVR.
CITY - ST - ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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10/07/08--01016--004 **88.75

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IN THIS SPACE**

REINSTATEMENT 08 AL

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #