

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032034

Entity Name: COSITO, LC

FILED
Jul 12, 2008
Secretary of State

Current Principal Place of Business:

10150 HIGHLAND MANOR DR, STE 200
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10150 HIGHLAND MANOR DR, STE 200
TAMPA, FL 33610

New Mailing Address:

FEI Number: 55-0834430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTHER, THOMAS E
5509 GRAND BLVD.
SUITE 304
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

WALTHER, THOMAS E
10150 HIGHLAND MANOR DR.
SUITE 200
TAMPA, FL 33610 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: THOMAS WALTHER

07/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTHER, THOMAS
Address: 5509 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: KRAL, MANFRED
Address: 5509 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALTHER, THOMAS
Address: 10150 HIGHLAND MANOR DRIVE
City-St-Zip: TAMPA, FL 33610

Title: MGRM (X) Change () Addition
Name: KRAL, MANFRED
Address: 10150 HIGHLAND MANOR DRIVE
City-St-Zip: TAMPA, FL 33610

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: THOMAS WALTHER

MGR

07/12/2008

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