
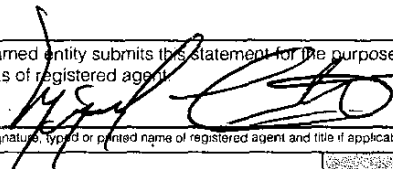
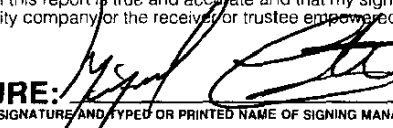


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90420 009 *****55.00

DOCUMENT # L03000015019					
1. Entity Name M. COSTA PLUMBING, LLC					
Principal Place of Business 210 ARLINGTON ROAD WEST PALM BEACH FL 33405			Mailing Address 210 ARLINGTON ROAD WEST PALM BEACH FL 33405		
2. Principal Place of Business 1847 Aragon Avenue			3. Mailing Address		
Suite, Apt. #, etc. # 4			Suite, Apt. #, etc.		
City & State Lake Worth, Florida			City & State		
Zip 33461		Country U.S.A.		Country	
6. Name and Address of Current Registered Agent COSTA, MIGUEL 210 ARLINGTON ROAD WEST PALM BEACH FL 33405				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  DATE 4-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	COSTA, MIGUEL				
STREET ADDRESS	210 ARLINGTON ROAD				
CITY-ST-ZIP	WEST PALM BEACH FL 33405				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	COSTA, VIVIAN M				
STREET ADDRESS	210 ARLINGTON ROAD				
CITY-ST-ZIP	WEST PALM BEACH FL 33405				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 4/13/04 DAYTIME PHONE # 561-588-2226 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

64043096



MOORE CR2E083 (11/03)

4. FEI Number **41-2107551** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required