

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050549 1. Entity Name COSMA CONSTRUCTION COMPANY, LLC	
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Principal Place of Business
**5323 SE 122 PLACE
BELLEVUE, FL 34420**

Mailing Address
**P.O. BOX 3144
BELLEVUE, FL 34421**



01092006 No Chg-LLC

GR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3012578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COSMA, GEORGE
5323 SE 122 PLACE
BELLEVUE, FL 34420**

**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 rechartering)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000453162
04/11/06-80106-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COSMA, GEORGE
STREET ADDRESS	P.O. BOX 3144
CITY-ST-ZIP	BELLEVUE, FL 34421

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #

3/29/06