


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000061713 1. Entity Name RIZO & DE ACOSTA, LLC	
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Principal Place of Business P.O. BOX 876 MINNEOLA, FL 34755 US	Mailing Address P.O. BOX 876 MINNEOLA, FL 34755 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1518752	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EDEA AND ASSOCIATES SERVICE GROUP INC 20403 SUGARLOAF MOUNTAIN ROAD CLERMONT, FL 34715	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIZO TAX SERVICE 20540 FIELDCREST COURT CLERMONT, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDEA AND ASSOCIATES SERVICE GROUP INC 20403 SUGARLOAF MOUNTAIN ROAD CLERMONT, FL 34715
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03/28/07-80004-003 50.00

**DO NOT WRITE
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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:  **3/12/07 786-251-3671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #