



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 030 ***150.00

DOCUMENT # L04000063752																													
1. Entity Name BRIAN COSTELL, L.L.C.																													
Principal Place of Business 1504 BAY ROAD, UNIT 1002 MIAMI BEACH, FL 33139			Mailing Address 1504 BAY ROAD, UNIT 1002 MIAMI BEACH, FL 33139																										
2. Principal Place of Business - No P.O. Box # 335 South Biscayne Blvd Suite, Apt. #, etc. Unit 905		3. Mailing Address 335 South Biscayne Blvd Suite, Apt. #, etc. Unit 905																											
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-1571429																									
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent COSTELL, BRIAN 1504 BAY ROAD, UNIT 1002 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name: Costell, Brian Street Address (P.O. Box Number is Not Acceptable): 335 South Biscayne Blvd Unit 905 City: Miami FL Zip Code: 33131																										
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: <u>Brian Costell</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/5/07</u>																													
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: <u>Brian Costell</u> 7/5/07 305-975-2510 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													