

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90178 002 ****50.00

DOCUMENT # L05000029142

1. Entity Name
COST ENTERPRISES, LLC



Principal Place of Business
**1909 TYLER STREET
WACHOVIA CENTER PENTHOUSE
HOLLYWOOD, FL 33020**

Mailing Address
**1909 TYLER STREET
WACHOVIA CENTER PENTHOUSE
HOLLYWOOD, FL 33020**

60047703

2. Principal Place of Business - No P.O. Box #

951 NE 167th STREET

3. Mailing Address

951 NE 167th STREET

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip
33162

Country
DADE

Zip
33162

Country
DADE

02272007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2558047**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WASSERSTROM, KEITH
1909 TYLER STREET
WACHOVIA CENTER PENTHOUSE
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name **OFER TAMIR**

Street Address (P.O. Box Number is Not Acceptable)

951 NE 167th STREET

SUITE 102

City **NORTH MIAMI BEACH**

FL Zip Code **33162**

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 **OFER TAMIR, MGRM** **3-19-2007**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
NAME **TAMIR, OFER**
STREET ADDRESS **1909 TYLER STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **MGRM**
NAME **TAMIR, OFER**
STREET ADDRESS **951 NE 167th STREET SUITE #102**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MGRM**
NAME **COHEN GIL**
STREET ADDRESS **3850 HOLLYWOOD BLVD. SUITE #402**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-19-2007 786-264-5449

Date Daytime Phone #