

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90049 035 ****55.00

DOCUMENT # L05000048694

1. Entity Name
ALEX ACOSTA LLC



Principal Place of Business
3900 SW 139TH AVE
MIRAMAR, FL 33027-3227

Mailing Address
3900 SW 139TH AVE
MIRAMAR, FL 33027-3227

40000000



2. Principal Place of Business
6852 WEISER ST.
Suite, Apt. #, etc.
Ap# 301

3. Mailing Address
6852 WEISER ST
Suite, Apt. #, etc.
Ap# 301

04192006 Chg-LLC CR2E083 (11/05)

City & State
ORLANDO, FLORIDA
Zip
32821 Country
USA

City & State
ORLANDO, FLORIDA
Zip
32821 Country
USA

4. FEI Number
20-341-2014 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, ALEX
3900 SW 139TH AVE
MIRAMAR, FL 33027-3227

7. Name and Address of New Registered Agent

Name
ALEX ACOSTA
Street Address (P.O. Box Number is Not Acceptable)
6852 WEISER ST # 301
City
ORLANDO **FL** Zip Code
32821

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 *Alex Acosta* (NOTE: Registered Agent signature required when reinstating) DATE *April 19, 2006*

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ACOSTA, ALEX
3900 SW 139TH AVE
MIRAMAR, FL 330273227 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ACOSTA, ALEX
6852 WEISER ST. #301
ORLANDO, FL 32821 ☒ Change ☐ Addition

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

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

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: *Alex Acosta* (ALEX ACOSTA) *4/19/2006* *561-306-7469*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #