

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90340 010 ****55.00

DOCUMENT # L05000048694

1. Entity Name
ALEX ACOSTA LLC



Principal Place of Business
**6852 WEISER ST APT 301
ORLANDO, FL 32821**

Mailing Address
**6852 WEISER ST APT 301
ORLANDO, FL 32821**

2. Principal Place of Business - No P.O. Box #
3900 SW 139 AVE

3. Mailing Address
3900 SW 139 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number
20-3412014

Applied For

Not Applicable

Zip Country
33027 USA

Zip Country
33027 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACOSTA, ALEX
6852 WEISER ST 301
ORLANDO, FL 32821**

Name
ALEX ACOSTA

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

3900 S.W. 139 AVE

City
MIRAMAR

FL

Zip Code
33027

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/07

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

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ACOSTA, ALEX
6852 WEISER ST 301
ORLANDO, FL 32821** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ACOSTA, ALEX
3900 SW 139 AVE
MIRAMAR, FL 33027** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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**) **4/11/07**