

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90138 030 ***138.75

DOCUMENT # L05000066319

1. Entity Name

COSTA NURSERY FARMS LLC



Principal Place of Business

**22290 SW 162 AVENUE
GOULDS, FL 33170**

Mailing Address

**22290 SW 162 AVENUE
GOULDS, FL 33170**

00013871



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

59-1229374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ, ALBERTO J
22290 SW 162 AVENUE
MIAMI, FL 33170**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, JOSE I
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	MGR
NAME	COSTA, JOSE A III
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	MGR
NAME	SUAREZ, ALBERTO J
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	MGR
NAME	SMITH, MARIA C
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	MGR
NAME	COSTA, JOSE A JR
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Alberto J. Suarez

1/15/08

Date

305-247-5135 x.249

Daytime Phone #