

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066319

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** COSTA FARMS, LLC

**Current Principal Place of Business:**

22290 SW 162 AVENUE  
GOULDS, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

22290 SW 162 AVENUE  
GOULDS, FL 33170

**New Mailing Address:**

**FEI Number:** 27-1453116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARANA, ARIANNA C  
22290 SW 162 AVENUE  
MIAMI, FL 33170 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SMITH, JOSE I  
**Address:** 22290 SW 162 AVENUE  
**City-St-Zip:** GOULDS, FL 33170

**Title:** MGR  
**Name:** COSTA, JOSE A III  
**Address:** 22290 SW 162 AVENUE  
**City-St-Zip:** GOULDS, FL 33170

**Title:** MGR  
**Name:** SUAREZ, ALBERTO J  
**Address:** 22290 SW 162 AVENUE  
**City-St-Zip:** GOULDS, FL 33170

**Title:** MGR  
**Name:** SMITH, MARIA C  
**Address:** 22290 SW 162 AVENUE  
**City-St-Zip:** GOULDS, FL 33170

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JOSE A. COSTA, III

MGR

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date