

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000067596**

1. Entity Name

ACOSTA-RUA DEVELOPMENT, LLC



Principal Place of Business

2323 OAK STREET  
JACKSONVILLE, FL 32204

Mailing Address

2323 OAK STREET  
JACKSONVILLE, FL 32204



04222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4605790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ACOSTA-RUA, FERNANDO J  
2323 OAK ST  
JACKSONVILLE, FL 32202

**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 ACOSTA RUA, FERNANDO  
STREET ADDRESS 2323 OAK STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE MGR  
NAME ACOSTA RUA, ANTONIO  
STREET ADDRESS 2323 OAK STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE MGR  
NAME ACOSTA RUA, GASTON  
STREET ADDRESS 2323 OAK STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000917868  
05/13/08-80058-007 138.75

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Fernando Acosta-Rua

4/21/08

Date

904-389-3007

Daytime Phone #