

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90084 012 ****50.00

DOCUMENT # L05000069359 1. Entity Name THOMAS L. COSTA PSL, LLC					
Principal Place of Business 445 BROADHOLLOW ROAD SUITE 406 MELVILLE, NY 11747			Mailing Address 445 BROADHOLLOW ROAD SUITE 406 MELVILLE, NY 11747		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3181937	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COSTA, THOMAS L 6 PORTA VISTA CIRCLE PALM BEACH GARDENS, FL 33111				7. Name and Address of New Registered Agent Name COSTA THOMAS L Street Address (P.O. Box Number is Not Acceptable) 8517 Equest Meadow Lane City West Palm Beach FL Zip Code 33412	
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  DATE 7-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTA, THOMAS L 445 BROADHOLLOW ROAD SUITE 406 MELVILLE, NY 11747	<input type="checkbox"/> Delete			
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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 is empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 7-12-06 (631) 52-0303		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					