2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000069359

1. Entity Name
THOMAS L. COSTA PSL, LLC

Principal Place of Business	Mailing Address
445 BROADHOLLOW ROAD SUITE 406 MELVILLE, NY 11747	445 BROADHOLLOW ROAD SUITE 406 MELVILLE, NY 11747

DO NOT WRITE IN THIS SPACE

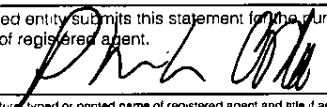02072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3181937	Not Applicable

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

6. Name and Address of Current Registered Agent

COSTA, THOMAS L
8517 EGRET MEADOW LN
WEST PALM BEACH, FL 33412

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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)
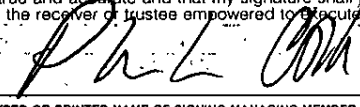
DATE 4/15/07

Filing Fee is $50.00
Due by May 1, 2007.

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COSTA, THOMAS L
STREET ADDRESS	445 BROADHOLLOW ROAD SUITE 406
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80080-022 50.00

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4/15/07   631 752 0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #