

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 030 ****50.00

DOCUMENT # L06000070386

1. Entity Name

ROBERT A. COSCIA, LLC



Principal Place of Business

1112 OLGA AVENUE
SANIBEL FL 33957

Mailing Address

PO BOX 4
SANIBEL FL 33957



2. Principal Place of Business - No P.O. Box #

1112 OLGA AVE

Suite, Apt. #, etc.

SANIBEL FL

3. Mailing Address

P.O. Box 4

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

33957 USA

City & State

SANIBEL FL

Zip

Country

Zip

33957

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERD, JERROLD ESQ.
695 TARPON BAY ROAD
SUITE 4
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

STERN JERROLD ESQ

Street Address (P.O. Box Number is Not Acceptable)

695 TARPON BAY RD. SUITE 4

City

SANIBEL

FL

Zip Code

33957

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

N/A TYPED IN #6 CORRECTED IN #7

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COSCIA, ROBERT A
STREET ADDRESS 1112 OLGA AVENUE
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(239)
2/1/07 472 3334