

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90153 019 \*\*\*138.75

**DOCUMENT # L07000007689**

1. Entity Name  
**COSMET ENTERPRISE LLC**



Principal Place of Business  
**9535 SILVER LAKE DR  
 LEESBURG, FL 34788 US**

Mailing Address  
**9535 SILVER LAKE DR  
 LEESBURG, FL 34788 US**

2. Principal Place of Business - No P.O. Box #  
**862 Shellbark Way**

3. Mailing Address  
**862 Shellbark Way**

Suite, Apt. #, etc.

City & State  
**The Villages, FL**

City & State  
**The Villages, FL**

Zip  
**32162**

Country  
**USA**

Zip  
**32162**

Country  
**USA**



03012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8302837** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Costello, James P**

Street Address (P.O. Box Number is Not Acceptable)  
**862 Shellbark Way**

City **The Villages, FL** Zip Code **32162**

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 **X** *James P. Costello* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	METCALFE, JEFF	
STREET ADDRESS	2497 ENTERPRISE RD	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COSTELLO, JAMES	
STREET ADDRESS	9535 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Costello, James P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	862 Shellbark Way	
CITY-ST-ZIP	The Villages, FL 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X** *James P. Costello*

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