

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000019548

1. Entity Name
ACOSTA'S ENTERPRISES, LLC



Principal Place of Business
4465 LENOX BLVD
ORLANDO, FL 32811

Mailing Address
4465 LENOX BLVD
ORLANDO, FL 32811

FILED

08 NOV -4 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212008 REIN-LLC CR2E101 (1/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8534307

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

L.L. PROFESSIONAL SERVICES, INC.
7661 CURRENCY DRIVE
ORLANDO, FL 32809

Name

L.L. Professional Services Inc.

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

6400 S. Orange Blossom Tr. Ste 400

City

Orlando

FL

Zip Code

32809

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
ACOSTA, ALEXANDER
STREET ADDRESS
4465 LENOX BLVD
CITY-ST-ZIP
ORLANDO, FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100137494361
10/30/08--01047--016 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-20-8

REINSTATEMENT

200 Penalty 2008
up 11/5