

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089786

FILED
Apr 22, 2009
Secretary of State

Entity Name: COSTA NURSERY FARMS LLC

Current Principal Place of Business:

22290 SW 162 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

22290 SW 162 AVE
MIAMI, FL 33170

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANA, ARIANNA C ESQ
22290 SW 162 AVE
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COSTA, JOSE A III
Address: 22290 SW 162 AVE
City-St-Zip: MIAMI, FL 33170

Title: MGR () Delete
Name: SMITH, JOSE I
Address: 22290 SW 162 AVE
City-St-Zip: MIAMI, FL 33170

Title: MGR () Delete
Name: SMITH, MARIA C
Address: 22290 SW 162 AVE
City-St-Zip: MIAMI, FL 33170

Title: MGR () Delete
Name: SUAREZ, ALBERTO J
Address: 22290 SW 162 AVE
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE A. COSTA

MGR

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date