

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000002061

1. Entity Name
ANTHONY COSCIA & SONS, L.C.



FILED

2004 SEP -8 P 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
13-4085495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III ESQ
401 SOUTH INDIAN RIVER DRIVE, SUITE A
FORT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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: *Anthony Coscia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE: 7/26/04

Filing Fee is \$50.00
Due by May 1, 2004

504061903315
02/25/04 90285 003
\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COSCIA, ANTHONY
2542 BOSTON ROAD
BRONX, NY 10467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anthony Coscia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Title

Daytime Phone #

8/31/04