

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009270

**Entity Name:** CARLOS ACOSTA, LLC

**Current Principal Place of Business:**

1490 NE PINE ISLAND ROAD  
6-F  
CAPE CORAL, FL 33909

**Current Mailing Address:**

P.O. BOX 101298  
CAPE CORAL, FL 33910 US

**FEI Number:** 26-1844636

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACOSTA, CARLOS  
5614 DEL RIO COURT  
CAPE CORAL, FL 33904 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name ACOSTA, CARLOS  
Address 5614 DEL RIO COURT  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name ACOSTA, NANCY  
Address 5614 DEL RIO COURT  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS ACOSTA

**MANAGING MEMBER**

**04/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date