## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000131923

**Entity Name: ACOSTA LOPEZ LLC** 

**Current Principal Place of Business:** 

14970 SW 49 LN

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MIAMI, FL 33185

**Current Mailing Address:** 

14970 SW 49 LN

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MIAMI, FL 33185

FEI Number: 81-0985660 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, HUMBERTO A MR 14970 SW 49 LN

MIAMI, FL 33185 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

FILED Jan 05, 2016

**Secretary of State** 

CC0124186876

Authorized Person(s) Detail:

Title P Title V

Name ACOSTA, HUMBERTO A Name LOPEZ, ANGELA

Address 14970 SW 49 LN UNIT: E Address 14970 SW 49 LN UNIT: E

City-State-Zip: MIAMI FL 33185 City-State-Zip: MIAMI FL 33185

Title MANAGER

Name ACOSTA, LUCAS DANIEL MR.

Address 14970 SW 49 LN

Ε

City-State-Zip: MIAMI FL 33185

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: HUMBERTO ACOSTA

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

01/05/2016

Date