

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

DOCUMENT# L04000007611

**Entity Name:** BELLA VILLA ARTISTRY, L. L. C.

**Current Principal Place of Business:**

3301 SOUTH COCONUT ISLAND DR.  
SUITE 101  
BONITA SPRINGS, FL 341349149 US

**New Principal Place of Business:**

**Current Mailing Address:**

3301 SOUTH COCONUT ISLAND DR.  
SUITE 101  
BONITA SPRINGS, FL 341349149 US

**New Mailing Address:**

**FEI Number:** 20-1372493      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ROBBOLINO, JOHN JR.  
3301 SOUTH COCONUT ISLAND DR.  
SUITE 101  
BONITA SPRINGS, FL 341349149 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: JOHN ROBBOLINO JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ROBBOLINO, JOHN JR.  
Address: 3301 SOUTH COCONUT ISLAND DR., SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 341349149 US

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: JOHN ROBBOLINO, JR.

MGR

10/07/2009

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