


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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| DOCUMENT # L04000085316 1. Entity Name BELLA VIE, LLC |  |
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|---|---|
| Principal Place of Business 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064 | Mailing Address 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064 |
|---|---|

DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 20-1890103 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GERMAN, MARIO D J.D.
 351 S CYPRESS ROAD, SUITE 310
 POMPANO BEACH, FL 33060**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000910950
 05/07/08-80020-006 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LUTHER, DAVID H 617 CLAREMORE DR WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SANCHEZ, TIFFANY 9510 E PLUM HARBOR WAY FORT LAUDERDALE, FL 33321 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CHIDIAC IRREVOCABLE FAMILY TRUST 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rita Garulli-Chidiac, TRUSTEE* **RITA GARULLI-CHIDIAC, TRUSTEE**
 _____ **4-11-08** **954-812-0043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CHIDIAC IRREV. FAM. TRUST