

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


6/8

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90171 010 \*\*\*\*55.00

**DOCUMENT # L05000058534**

1. Entity Name  
**BELLO, LLC**



Principal Place of Business  
**2750 TRILBY AVENUE  
 NORTH PORT, FL 34287**

Mailing Address  
**2750 TRILBY AVENUE  
 NORTH PORT, FL 34287**

**30011640**



2. Principal Place of Business  
 Subt. Apt. #, etc.

3. Mailing Address  
 Subt. Apt. #, etc.

05192006 Chg-LLC CR2E083 (11/05)

City & State  
 Zip Country

4. FEI Number  
**20-3019334**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BELLO, GRISEL  
 2750 TRILBY AVENUE  
 NORTH PORT, FL 34287**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 date if applicable. (NOTE: Registered Agent signature required when re-issuing)

**Filing Fee is \$50.00  
 Due by September 8, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GRISEL BELLO, MBR/MGR</b> <b>2750 TRILBY AVE.</b> <b>NORTH PORT, FL 34287</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Grisel Bello **GRISEL BELLO, MBR/MGR** **6/5/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT  
30011640

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2006

BELLO, LLC  
2750 TRILBY AVENUE  
NORTH PORT, FL 34287

Subject: BELLO, LLC

Reference Number: L05000058534

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LB  
ANNUAL REPORTS SECTION

*Enclosed please find the copy of the annual report been corrected per your request.*