


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A.
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3019334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLO, GRISEL
 2750 TRILBY AVENUE
 NORTH PORT, FL 34287

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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)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLO, GRISEL 2750 TRILBY AVE NORTH PORT, FL 34287
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 04/24/07-80140-011455.00

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 Mgr.* GRISEL BELLO MGR 4-14-07 941-954-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #