

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110682

Entity Name: BELLA CABINETRY, LLC

FILED  
Jun 21, 2006  
Secretary of State

**Current Principal Place of Business:**

107 SW 19 LN  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

107 SW 19 LN  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 01-0850217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

FERRAZZANO, RICHARD K JR.  
107 SW 19 LN  
CAPE CORAL, FL 33991      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FERRAZZANO, RICHARD K JR.  
Address: 107 SW 19 LN  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM ( ) Delete  
Name: SIEVEKING, PEGGY S  
Address: 107 SW 19 LN  
City-St-Zip: CAPE CORAL, FL 33991 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD K. FERRAZZANO, JR.

MGR

06/21/2006

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