

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110047

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** BELLA FACCIA MED SPA, LLC

**Current Principal Place of Business:**

12224 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

12224 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 45-3444019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVIANO, STACIE S  
12224 CORTEZ BLVD.  
BROOKSVILLE, FL 34613 US

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

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  
Name: LAVIANO, STACIE S  
Address: 13047 FELLOWSHIP LANE  
City-St-Zip: WEEKI WACHEE, FL 34514

Title: MGR  
Name: POLECRITTI, MARC  
Address: 10429 SPRING HILL DRIVE  
City-St-Zip: SPRING HILL, FL 34608

I hereby 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: STACIE LAVIANO

MGR

04/17/2012

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