

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110047

Entity Name: BELLA FACCIA MED SPA, LLC

Current Principal Place of Business:

12224 CORTEZ BLVD.
BROOKSVILLE, FL 34613

Current Mailing Address:

12224 CORTEZ BLVD.
BROOKSVILLE, FL 34613

FEI Number: 45-3444019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LAVIANO, STACIE S	Name	POLECRITTI, MARC
Address	13047 FELLOWSHIP LANE	Address	10429 SPRING HILL DRIVE
City-State-Zip:	WEEKI WACHEE FL 34514	City-State-Zip:	SPRING HILL FL 34608

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACIE LAVIANO

MANAGING MEMBER

03/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date