

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110047

**Entity Name:** BELLA FACCIAMED 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  
Name LAVIANO, STACIE S  
Address 13047 FELLOWSHIP LANE  
City-State-Zip: WEEKI WACHEE FL 34514

Title MGR  
Name POLECRITTI, MARC  
Address 10429 SPRING HILL DRIVE  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STACIE LAVIANO

MGR

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date