

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000142052

**Entity Name:** BELLAMERESTORATIONS LLC

**Current Principal Place of Business:**

2591 SW CHOCTAW ST.  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2591 SW CHOCTAW ST.  
PORT ST LUCIE, FL 34953 US

**FEI Number: 82-2085585**

**Certificate of Status Desired: Yes**

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

BELL, PAULETTE  
2591 SW CHOCTAW ST  
PORT ST LUCIE, FL 34953 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 PAULETTE, BELL  
Address 2591 SW CHOCTAW ST  
City-State-Zip: PORT ST LUCIE FL 34953

*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: PAULETTE BELL**

**MGR**

**02/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date