

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000224200

**Entity Name:** BELLA VISION MA LLC

**Current Principal Place of Business:**

4228 CROWNWOOD DR  
JACKSONVILLE, FL 32216-3609

**Current Mailing Address:**

4228 CROWNWOOD DR  
JACKSONVILLE, FL 32216-3609 US

**FEI Number:** 85-2436301

**Certificate of Status Desired:** No

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

SARIKAYA, ALTUG  
4228 CROWNWOOD DR  
JACKSONVILLE, FL 32216-3609 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            OWNER  
Name            SARIKAYA, ALTUG  
Address        4228 CROWNWOOD DR  
City-State-Zip: JACKSONVILLE FL 32216-3609

*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:** ALTUG SARIKAYA

**OWNER**

**03/07/2024**

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

\_\_\_\_\_  
Date