

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90098 003 ****50.00

DOCUMENT # L01000000319

1. Entity Name

BELLA PLAZA, L.L.C.



Principal Place of Business

4636 S.E. 9TH PLACE
CAPE CORAL FL 33904

Mailing Address

4636 S.E. 9TH PLACE
CAPE CORAL FL 33904

24083915



MOORE

CR2E083 (4/04)

2. Principal Place of Business

15880 RIVERCREEK CT.

Suite, Apt. #, etc.

3. Mailing Address

15880 RIVERCREEK CT.

Suite, Apt. #, etc.

City & State

ALVA, FL

City & State

ALVA, FL

4. FEI Number

65-1066640

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLA, PAUL
4636 S.E. 9TH PLACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15880 RIVERCREEK CT

City

ALVA

FL

Zip Code

33920

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul M. Bella (MGR.) PAUL M. BELLA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SEPT. 3, 2004

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BELLA, PAUL
STREET ADDRESS 4636 S.E. 9TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE MGR ☐ Delete
NAME BELLA, DORIS
STREET ADDRESS 4636 S.E. 9TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15880 RIVERCREEK CT.
CITY-ST-ZIP ALVA, FL, 33904

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15880 RIVERCREEK CT
CITY-ST-ZIP ALVA, FL, 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Paul M. Bella PAUL M. BELLA #9-304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

236 693 8458