2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008077

1. Entity Name

BELLA SERVICES, LLC

FILED

03 DEC 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O TINA DEL MAR MOSS 110 COLERIDGE ST SAN FRANCISCO CA 94110	C/O TINA DEL MAR MOSS 110 COLERIDGE ST SAN FRANCISCO CA 94110

☑ CHECK HERE IF MAKING CHANGES

04/25/03 90749 043 $50.00

2. Principal Place of Business	3. Mailing Address
8109 EAST MLK BLVD.	2355 DE LA CRUZ BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: SANTA CLARA, CA
Zip: 33619 / Country: USA	Zip: 95050 / Country: USA

4. FEI Number: 030419835 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPPEPORT, ANDREW H 1221 KANE CONCOURSE BAY HARBOR ISLAND FL 32154	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: MGRM MEMBER NAME: LISA WINIKOR STREET ADDRESS: 3912 W SAN MIGUEL ST. CITY-ST-ZIP: TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: MGRM MEMBER NAME: SHIRLEY RAY STREET ADDRESS: 1911 ALAFIA OAKS DRIVE CITY-ST-ZIP: VALRICO, FL 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: MGRM MEMBER NAME: CINDY BIRES STREET ADDRESS: 5103 TOLLBRIDGE COURT CITY-ST-ZIP: TAMPA, FL 33647 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: MGRM MEMBER NAME: ROBERT FEINSTEIN STREET ADDRESS: 3912 W. SAN MIGUEL STREET CITY-ST-ZIP: TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: MGRM MEMBER NAME: JOHN MOSS STREET ADDRESS: 656 ELLSWORTH STREET CITY-ST-ZIP: SAN FRANCISCO, CA 94110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition REINSTATEMENT 03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition AL

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: Kath-Rina del Mar KATH-RINA DEL MAR MOSS 4/18/03 415 385 6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #