

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
C/O TINA DEL MAR MOSS
110 COLERIDGE ST
SAN FRANCISCO CA 94110

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

2. Principal Place of Business
8109 EAST MLK BLVD.

3. Mailing Address
2355 DE LA CRUZ BLVD.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
SANTA CLARA, CA

Zip
33619

Country
USA

Zip
95050

Country
USA

CHECK HERE IF MAKING CHANGES
04/25/03 90749 043 \$50.00

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
**RAPPEPORT, ANDREW H
1221 KANE CONCOURSE
BAY HARBOR ISLAND FL 32154**

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER	☐ Delete
NAME LISA WINIKOR	
STREET ADDRESS 3912 W. SAN MIGUEL ST.	
CITY-ST-ZIP TAMPA, FL 33629	
TITLE MEMBER	☐ Delete
NAME SHIRLEY RAY	
STREET ADDRESS 1911 ALAFIA OAKS DRIVE	
CITY-ST-ZIP VALRICO, FL 33594	
TITLE MEMBER	☐ Delete
NAME CINDY BIRES	
STREET ADDRESS 5103 TOLLBRIDGE COURT	
CITY-ST-ZIP TAMPA, FL 33647	
TITLE MEMBER	☐ Delete
NAME ROBERT FEINSTEIN	
STREET ADDRESS 3912 W. SAN MIGUEL STREET	
CITY-ST-ZIP TAMPA, FL 33629	
TITLE MEMBER	☐ Delete
NAME JOHN MOSS	
STREET ADDRESS 656 ELLSWORTH STREET	
CITY-ST-ZIP SAN FRANCISCO, CA 94110	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

REINSTATEMENT 03

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 Moss** **4/18/03** **415 385 6644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #