



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90151 018 \*\*\*\*50.00

<b>DOCUMENT # L02000008077</b> 1. Entity Name <b>BELLA SERVICES, LLC</b>					
Principal Place of Business <b>8109 EAST MLK BLVD. TAMPA, FL 33619</b>			Mailing Address <b>2355 DE LA CRUZ BLVD. SANTA CLARA, CA 95050</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8109 E. Martin Luther King Jr Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>03-0419835</b>	
Zip <b>33619</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAPPEPORT, ANDREW H 1221 KANE CONCOURSE BAY HARBOR ISLAND, FL 32154</b>				7. Name and Address of New Registered Agent Name <b>Shirley Ray</b> Street Address (P.O. Box Number is Not Acceptable) <b>8109 E. Martin Luther King Jr. Blvd.</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33619</b>	
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 <u><i>Shirley A Ray</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/11/05</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINIKOR, LISA 3912 W. SAN MIGUEL ST. TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY, SHIRLEY 1911 ALAFIA OAKS DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRES, CINDY 5103 TOLLBRIDGE COURT TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINSTEIN, ROBERT 3912 W. SAN MIGUEL STREET TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSS, JOHN 656 ELLSWORTH STREET SAN FRANCISCO, CA 94110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL-MAR MOSS, KATH-RINA 656 ELLSWORTH STREET SAN FRANCISCO, CA 94110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Shirley A Ray</i></u> <u>Shirley A Ray</u> 1/11/05 813.740.2257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					