

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008077

Entity Name: BELLA SERVICES, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

8109 EAST MLK BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

8109 E. MLK JR. BLVD.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 03-0419835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, SHIRLEY
8109 E. MLK JR. BLVD.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAY, SHIRLEY
Address: 1911 ALAFIA OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: WINIKOR, LISA
Address: 3912 W. SAN MIGUEL ST.
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Delete
Name: BIRES, CINDY
Address: 5103 TOLLBRIDGE COURT
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Delete
Name: FEINSTEIN, ROBERT
Address: 3912 W. SAN MIGUEL STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Delete
Name: MOSS, JOHN
Address: 656 ELLSWORTH STREET
City-St-Zip: SAN FRANCISCO, CA 94110

Title: MGRM (X) Delete
Name: DEL-MAR MOSS, KATH-RINA
Address: 656 ELLSWORTH STREET
City-St-Zip: SAN FRANCISCO, CA 94110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR (X) Change () Addition
Name: BIRES, CINDY
Address: 5103 TOLLBRIDGE COURT
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHIRLEY A RAY

MGMR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date