

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011649

1. Entity Name
BELLEZZA LLC



Principal Place of Business
**315 RICHFIELD ROAD
UPPER DARBY, PA 19082**

Mailing Address
**315 RICHFIELD ROAD
UPPER DARBY, PA 19082**



03122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0440858

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, SCOTT G ESQ.
1301 ASTORIA
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AUTERI, GRACE G
315 RICHFIELD ROAD
UPPER DARBY, PA 19082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GENOVESE, CARMEN
2210 RUNNING SPRINGS PLACE
ENCINITAS, CA 92024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GENOVESE, D'ONN
2210 RUNNING SPRINGS PLACE
ENCINITAS, CA 92024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000472137
03/23/06-80025-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Grace Auteri* (Grace Auteri)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/13/06
Date

610-352-3108
Daytime Phone #