

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 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**



01182007No 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, 2007**

000000597887
01/24/07-80053-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AUTERI, GRACE G
STREET ADDRESS	315 RICHFIELD ROAD
CITY-ST-ZIP	UPPER DARBY, PA 19082
TITLE	MGRM
NAME	GENOVESE, CARMEN
STREET ADDRESS	2210 RUNNING SPRINGS PLACE
CITY-ST-ZIP	ENCINITAS, CA 92024
TITLE	MGRM
NAME	GENOVESE, D'ONN
STREET ADDRESS	2210 RUNNING SPRINGS PLACE
CITY-ST-ZIP	ENCINITAS, CA 92024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

1/18/07

Daytime Phone #

610-352-3708