

**2007 LIMITED LIABILITY COMPANY,  
ANNUAL REPORT**

DOCUMENT # L02000026314

1. Entity Name  
BELLAMY VENTURES II, L.L.C.



Principal Place of Business  
211 KERNEYWOOD STREET  
LAKELAND, FL 33803

Mailing Address  
211 KERNEYWOOD STREET  
LAKELAND, FL 33803

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**



03012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0431480

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MEDINA, DANIEL LL.M  
DANIEL MEDINA, P.A.  
902 S. FLORIDA AVE SUITE 101  
LAKELAND, FL 33803

**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**

U000000694356  
04/17/07-80016-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BELLAMY VENTURES, L.L.C.  
211 KERNEYWOOD STREET  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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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:**

*Janet C. Bellamy Mgr.* 4/3/07 863-802-5262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #