

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028963

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** BELLA VITA DEVELOPMENT, LLC

**Current Principal Place of Business:**

3603 MADACA LANE CARROLLWOOD PROFES CENTER  
TAMPA, FL 33618

**New Principal Place of Business:**

13775 N NEBRASKA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

3603 MADACA LANE CARROLLWOOD PROFES CENTER  
TAMPA, FL 33618

**New Mailing Address:**

13775 N NEBRASKA AVE  
TAMPA, FL 33613

**FEI Number:** 14-1856718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRICKEY, TOB S  
816 BANNOCKBURN AVENUE  
TAMPA, FL 33617 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: HOOVER, VIN  
Address: 1806 BELLA LAGO LANE  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** VIN HOOVER

MGRM

04/09/2009

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