FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7/7/2003-90074-004-$50.00-$50.00

DOCUMENT # L02000031731

1. Entity Name

Bella Lago, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 AM 10: 17

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
9202 Olmstead Dr.	9202 Olmstead Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. FEI Number: 65-1164371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lawrence B. Hawkins

Street Address (P.O. Box Number is Not Acceptable)

9202 Olmstead DRIVE

City: Lake Worth FL Zip Code: 33467

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: MGR NAME: Lawrence B. Hawkins STREET ADDRESS: 9202 Olmstead DRIVE CITY-ST-ZIP: Lake Worth, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/23/03 561-968-3238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #