

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90040 013 \*\*\*\*50.00

DOCUMENT # L02000032071

1. Entity Name

BELLO LAGO, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

27300 Riverview Center Blvd.  
Suite, Apt. #, etc.  
Suite 201

3. Mailing Address

27300 Riverview Center Blvd.  
Suite, Apt. #, etc.  
Suite 201

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

55-0810185

Applied For

Not Applicable

Zip

Country

34134-4316

USA

Zip

Country

34134-4316

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John S. McGarvey

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

27300 Riverview Center Blvd.  
Suite 201

City

Bonita Springs

FL

34134-4316

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
John S. McGarvey  
27300 Riverview Ctr. Blvd. #201  
Bonita Springs, FL 34134-4316

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Member  
Joanne H. McGarvey  
27300 Riverview Ctr. Blvd. #201  
Bonita Springs, FL 34134-4316

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:

John S. McGarvey

4/10/03

239-992-8940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)