2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/22/2
6/1/20

FILED
Jul 26, 2004 8:00 am
Secretary of State

06-01-2004 90750 035 ****50.00
04-22-2004 90355 029 ****50.00

34009527

05272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000016677

1. Entity Name
BELLACELLI'S LLC

Principal Place of Business
1804 LADY BOWERS TRAIL
LAKELAND, FL 33809

Mailing Address
1804 LADY BOWERS TRAIL
LAKELAND, FL 33809

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 20-0019031 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PORRICELLI, FRANK
1804 LADY BOWERS TRAIL
LAKELAND, FL 33809

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 Frank Porricelli
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Frank Porricelli		NAME	
STREET ADDRESS 1804 Lady Bowers Tr		STREET ADDRESS	
CITY-ST-ZIP Lakeland Fl 33809		CITY-ST-ZIP	
TITLE Manager ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Francine Porricelli		NAME	
STREET ADDRESS 1804 Lady Bowers Tr		STREET ADDRESS	
CITY-ST-ZIP Lakeland Fl 33809		CITY-ST-ZIP	
TITLE Manager ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Pat Belfiore		NAME	
STREET ADDRESS 2806 William St		STREET ADDRESS	
CITY-ST-ZIP Lakeland Fl 33813		CITY-ST-ZIP	
TITLE Manager ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Lucia Belfiore		NAME	
STREET ADDRESS 2806 William St		STREET ADDRESS	
CITY-ST-ZIP Lakeland Fl		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Frank Porricelli 5/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #