

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90043 010 ****50.00

DOCUMENT # L03000016935	
1. Entity Name LA VITA E' BELLA, L.L.C.	

Principal Place of Business 9140 DICKENS AVENUE SURFSIDE FL 33154	Mailing Address 9140 DICKENS AVENUE SURFSIDE FL 33154
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34005594



MOORE CR2E083 (11/03)

2. Principal Place of Business 17901 Collins Ave	3. Mailing Address 17901 Collins Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL	4. FEI Number 27-0057438	Applied For ☐ Not Applicable
Zip 33160	Country	Zip 33160	Country

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

6. Name and Address of Current Registered Agent STYLES, MICHAEL J 507 SE 11 COURT FT. LAUDERDALE FL 33316	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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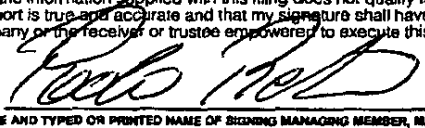
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RETANI, PAOLO 9140 DICKENS AVENUE SURFSIDE FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 60B, Florida Statutes.

SIGNATURE:  **4-14-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #