


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 048 ****55.00

DOCUMENT # L03000025096	
1. Entity Name BELL AIR L.L.C.	

Principal Place of Business 3162 TUPELO AVE. NORTH PORT, FL 34286	Mailing Address 3162 TUPELO AVE. NORTH PORT, FL 34286
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2. Principal Place of Business - No P.O. Box # 3162 Tupelo ave	3. Mailing Address 3162 Tupelo ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Port, FL	City & State North Port, FL
Zip 34286	Country USA
Zip 34286	Country USA

03022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0699806	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BELL, IAN 3162 TUPELO AVE. NORTH PORT, FL 34286

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 Ian Bell IAN Bell DATE 4-4-07

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, IAN 3162 TUPELO AVE. NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ian Bell IAN Bell DATE 4-4-07 941-266-3857

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