

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043935

1. Entity Name  
BELLARD, LLC



Principal Place of Business  
2784 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

Mailing Address  
2784 GULF BREEZE PKWY  
GULF BREEZE, FL 32563



**DO NOT WRITE IN THIS SPACE**

04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0841176

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GIGHTOWER, DAVID E  
501 COMMENDENCIA ST.  
PENSACOLA, FL 32502

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME BATTEN, ANGIE B  
STREET ADDRESS 2784 GULF BREEZE PKWY  
CITY-ST-ZIP GULF BREEZE, FL 32563

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000000306422  
04/15/05-80013-019 50.00

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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:**

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

DATE

DAYTIME PHONE

4-13-05 850-932-8855