

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-04-2005 90018 017 ****50.00

DOCUMENT # L04000016976

1. Entity Name

BELLEAIR VENTURES, LLC



Principal Place of Business

455 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770

Mailing Address

455 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0816415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARESENAULT, KENNETH G JR
ARESENAULT LAW GROUP, P.A.
10225 ULMERTON RD, STE 2
LARGO FL 33771

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: VELTMAN, GREG D
STREET ADDRESS: 455 N. INDIAN ROCKS RD.
CITY- ST- ZIP: BELLEAIR BLUFFS FL 33770 ☐ Delete

TITLE: MGR
NAME: NOWAK, GREG A
STREET ADDRESS: 6654 78TH AVE. NORTH
CITY- ST- ZIP: PINELLAS PARK FL 33781 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

2/25/05

Date

Daytime Phone #