


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041420	
1. Entity Name BELLCANN LLC	

Principal Place of Business 311 S. ARRAWANA AVE. #1 TAMPA, FL 33609	Mailing Address 311 S. ARRAWANA AVE. #1 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1272086	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BELLEGARRIGUE, ROBERTO
311 S. ARRAWANA AVE., #1
TAMPA, FL 33609**

**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

4-10-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLEGARRIGUE, ROBERTO 311 S. ARRAWANA AVE., #1 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNARIATO, JOHN 314 S. HABANA AVE TAMPA, FL 33609
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04/26/06-80104-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Overtime Phone #

Roberto Bellegarrigue

4-10-06

813-785-9091