

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041420

Entity Name: BELLCANN LLC

FILED  
May 02, 2007  
Secretary of State

**Current Principal Place of Business:**

311 S. ARRAWANA AVE. #1  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

311 S. ARRAWANA AVE. #1  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-1272086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BELLEGARRIGUE, ROBERTO  
Address: 311 S. ARRAWANA AVE., #1  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: CANNARIATO, JOHN  
Address: 314 S. HABANA AVE  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO BELLEGARRIGUE

MGRM

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date