

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000050057

1. Entity Name
BELLY WADDING, L.L.C.



Principal Place of Business
**12445 U.S. 301
DADE CITY, FL 33525**

Mailing Address
**12445 U.S. 301
DADE CITY, FL 33525**



02172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1333205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DWYER, DANIEL E ESQ.
14217 THIRD STREET
DADE CITY, FL 33523-3828**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALTMAN, ALLEN
12445 U.S. 301
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JOHNSON, DAN
31448 REED ROAD
DADE CITY, FL 33523**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SIMPSON, WILTON
P.O. BOX 721
TRILBY, FL 33593**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000856290
03/28/08-80007-006 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information submitted 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

Daytime Phone #