2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90145 039 ****50.00

DOCUMENT # L04000053684

1. Entity Name

BELLA BRISA, LLC

Principal Place of Business	Mailing Address
~~2515 SOUTH ATLANTIC AVE.~~ DAYTONA BEACH SHORES FL 32118	PO BOX 7407 DAYTONA BEACH SHORES FL 32116

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2900 S. Atlantic Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Same	City & State
Zip: Same / Country	Zip / Country

4. FEI Number 20-1407587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, DOUGLAS M ~~2741 S ATLANTIC AVENUE~~ 2900 S. atlantic ave DAYTONA BEACH Shores FL 32118	Name: same Street Address (P.O. Box Number is Not Acceptable): 2900 S. Atlantic Ave. City: Daytona Beach Shores FL Zip Code: 32118

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 X [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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOK, DOUGLAS M		NAME		
STREET ADDRESS	P.O. BOX 7407		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32116-7407		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #