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
~~2515 SOUTH ATLANTIC AVE.~~
DAYTONA BEACH SHORES FL 32118

Mailing Address
PO BOX 7407
DAYTONA BEACH SHORES FL 32116

2. Principal Place of Business - No P.O. Box #
2900 S. Atlantic Ave.

Suite, Apt. #, etc.

City & State
Same

Zip Same

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E083 (10/06)

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

COOK, DOUGLAS M
~~2741 S ATLANTIC AVENUE~~ 2900 S. Atlantic Ave
DAYTONA BEACH FL 32118
Shores

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY ST ZIP	MGRM ☐ Delete COOK, DOUGLAS M P.O. BOX 7407 DAYTONA BEACH SHORES FL 32116-7407	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 #