


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000085316	
1. Entity Name BELLA VIE, LLC	

Principal Place of Business 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064	Mailing Address 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064
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DO NOT WRITE IN THIS SPACE



04102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1890103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GERMAN, MARIO D J.D.
351 S CYPRESS ROAD, SUITE 310
POMPANO BEACH, FL 33060

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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

U000000910950
05/07/08-80020-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUTHER, DAVID H 617 CLAREMORE DR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANCHEZ, TIFFANY 9510 E PLUM HARBOR WAY FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHIDIAC IRREVOCABLE FAMILY TRUST 3700 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Rita Garulli-Chidiac, TRUSTEE* **RITA GARULLI-CHIDIAC, TRUSTEE**
CHIDIAC IRREV. FAM. TRUST
4-11-08 **954-812-0043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #