

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000018847

1. Entity Name
BELA ENTERPRISES, LLC



Principal Place of Business
**4104 A1A SOUTH
ST AUGUSTINE, FL 32080**

Mailing Address
**4104 A1A SOUTH
ST AUGUSTINE, FL 32080**



04302007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0543430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONNOR, AMY
765 MEDINA AVE
ST AUGUSTINE, FL 32086**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONNOR, AMY
STREET ADDRESS	765 MEDINA AVE
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	MGRM
NAME	SMITH, ERIN
STREET ADDRESS	8130 A1A SOUTH, UNIT G-4
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGRM
NAME	FREEMAN, ROBERT
STREET ADDRESS	61 B ATLANTIC OAKS CR
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGRM
NAME	CONNOR, RAYMOND
STREET ADDRESS	5 SOUTH ST
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGRM
NAME	WRIGHT, JUDITH
STREET ADDRESS	4080 PINE RUN CR
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80093-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #