

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90036 010 ****50.00

DOCUMENT # L05000029252

1. Entity Name
BELLA CONDO, LLC



Principal Place of Business
**7718 BLACK WILLOW
LIVERPOOL NY 13090**

Mailing Address
**7718 BLACK WILLOW
LIVERPOOL NY 13090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE FL 32309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BELL, GARY
7718 BLACK WILLOW
LIVERPOOL NY 13090** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BELL, ALICE
7718 BLACK WILLOW
LIVERPOOL NY 13090** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GARY H BELL **GARY H BELL** 8/26/06 315 3450435