


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7. **FILED**
Aug 08, 2008 8:00 am
Secretary of State

07-14-2008 90096 014 ***138.75

DOCUMENT # L05000054739			
1. Entity Name LA BELLA LUNA JEWELRY, LLC			
Principal Place of Business 4423 MAJESTIC BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225		Mailing Address 4423 MAJESTIC BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3031346		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		7. Name and Address of New Registered Agent	
EMMANUELLI-ESTEVEZ, RUTH A 4423 MAJESTIC BLUFF DRIVE SOUTH JACKSONVILLE, FL 32225		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 _____ (NOTE: Registered Agents signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEVEZ-EMMANUELLI, RUTH A 4423 MAJESTIC BLUFF DRIVES SOUTH JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ruth A. Estevez</i>		Date: <i>8/5/08</i> 904-998-8346	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

August 5, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

ATTACHMENT

30010755

Subject: 2008 Limited Liability Company Annual Report

Reference: La Bella Luna Jewelry LLC- Document # L05000054739 FEI # 20-3031346

To Whom It May Concern:

Enclosed is a copy of my recent payment for the 2008 Annual Report. I have signed and dated the new Annual Report printed and sent by your offices on July 23, 2008. I received this new statement on August, 1, 2008. I have included a copy of check # 1555 for \$138.75 cashed July 14, 2008.

If further documentation is needed please let me know. I can be reached at 904-994-7241.


Ruth A. Emmanuelli-Estevez

Bank of America 

ATTACHMENT Online Banking
30010752

PRIMARY CHECKING : Check Image

Check Image:

LESTER D. ESTEVEZ 08-04 60044687		1555
RUTH A. EMMANUELLI-ESTEVEZ		
4423 MAJESTIC BLUFF DR. S.		DATE 7/1/08
JACKSONVILLE, FL 32225-1258		65-4435 R 347
PAY TO THE ORDER OF Florida Dept. of State		\$ 138.75
One hundred and thirty eight and 75/100 DOLLARS		
Bank of America Premier Banking		
ACH AT BRANCH FEI - 20 3031346		
Annual Report - LD500054739 Ruthal S. [Signature]		
⑆063000047⑆ 005495095285⑆ 1555		⑆0000013675⑆



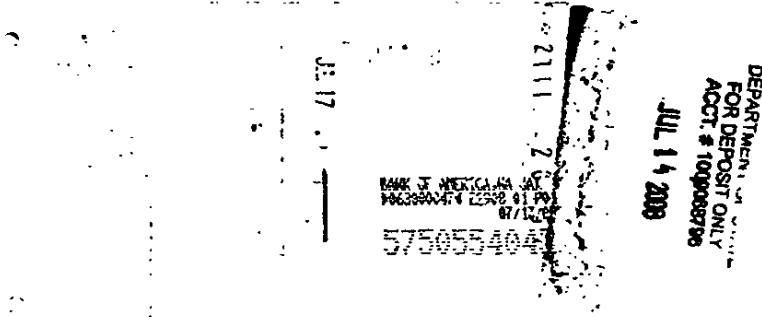
ATTACHMENT

Online Banking

30010752

PRIMARY CHECKING : Check Image

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ATTACHMENT

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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