



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90312 031 ***138.75

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|---|---|--|---|--|--|
| DOCUMENT # L05000075053 | | | |  | |
| 1. Entity Name BELLA PERSONA, LLC | | | | | |
| Principal Place of Business 117 N. SUMMERLIN AVENUE ORLANDO, FL 32801 | | | Mailing Address 117 N. SUMMERLIN AVENUE ORLANDO, FL 32801 | | |
| 2. Principal Place of Business - No P.O. Box # 3830 AIDEN PL | | 3. Mailing Address 3830 AIDEN PL | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State APOPKA, FL | | City & State APOPKA, FL | | | |
| Zip 32703 | | Country USA | | 4. FEI Number 51-0550833 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | | | 7. Name and Address of New Registered Agent Name BRADFORD R. URICCHIO Street Address (P.O. Box Number is Not Acceptable) 3830 AIDEN PL City APOPKA FL Zip Code 32703 | | |
| 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 <u>Bradford R. Uricchio</u> MANAGING MEMBER 4-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR URICCHIO, CHRISTIE 117 N. SUMMERLIN AVENUE ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING MEMBER URICCHIO, BRADFORD 3830 AIDEN PL APOPKA, FL 32703 | <input checked="" 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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| 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: <u>Bradford R. Uricchio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4-18-08 <small>Date</small> | | 407-949-2490 <small>Daytime Phone #</small> |