


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-28-2007 90147 004 ****50.00

DOCUMENT # L05000075245 1. Entity Name NOR-BELLA, LLC					
Principal Place of Business 10 WESTMORE LANE PALM COAST, FL 32164			Mailing Address P.O. BOX 354447 PALM COAST, FL 32135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number APPLIED FOR 83-0457156	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CONDE, ISABEL 10 WESTMORE LANE PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONDE, ISABEL 10 WESTMORE LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, NOREEN P.O. BOX 35447 PALM COAST, FL 32135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Noreen Jones</i> </div> <div style="width: 20%;"> 3/23/2007 </div> <div style="width: 40%;"> (386) 446-2325 </div> </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30003514



ATTACHMENT

30003514
#L05000075245

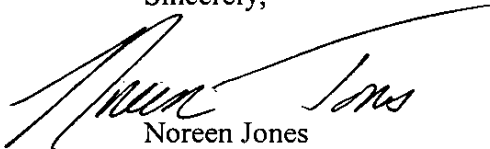
March 23, 2007

Divison of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

To whom it may concern,

I was sent back my annual report for me to put the tax ID # on it. I lost the paperwork and had to get one on line. You have already received my money and are just waiting for this form. Any questions you can please call me at 386 446-2325.

Sincerely,

A handwritten signature in black ink, appearing to read 'Noreen Jones', with a long horizontal flourish extending to the right.

Noreen Jones
Nor-Bella LLC