

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080683

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** BELLA VISTA VILLAS, L.L.C.

**Current Principal Place of Business:**

2686 MIDDLE COUNTRYRD  
LAKE GROVE, NY 11755

**New Principal Place of Business:**

**Current Mailing Address:**

2686 MIDDLE COUNTRYRD  
LAKE GROVE, NY 11755

**New Mailing Address:**

**FEI Number:** 20-3305860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUTT, DARRIN R ESQ  
SUITE C, 1105 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DIFEDE, MICHAEL A  
**Address:** 3701 CHIQUITA BLVD S  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** MGRM  
**Name:** LEE & ASSOCIATES 005, LLC  
**Address:** 2686 MIDDLE COUNTRY RD  
**City-St-Zip:** LAKE GROVE, NY 11755

**Title:** MMR  
**Name:** RALJR FT, LLC  
**Address:** 2686 MIDDLE COUNTRY RD  
**City-St-Zip:** LAKE GROVE, NY 11755

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ROBERT A. LEE, JR

MM

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date