

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094053

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: BELLA CONCIERGE SERVICE,LLC

**Current Principal Place of Business:**

6601 NORTH DAVIS HWY  
STE 8  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6601 NORTH DAVIS HWY  
STE8  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 20-3599294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTWRIGHT, LEANNE  
6601 NORTH DAVIS HWY  
PENSACOLA, FL 32504 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: P ( ) Delete  
Name: FARRUGIA, ALAN  
Address: 6601 NORTH DAVIS HWY STE 8  
City-St-Zip: PENSACOLA, FL 32504 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: FARRUGIA, HEIDI  
Address: 6447 HIGHCROFT NAPLES  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALAN FARRUGIA

P

01/06/2009

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