

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2009  
Secretary of State**

DOCUMENT# L05000102376

Entity Name: BELLAGUSI, L.L.C.

**Current Principal Place of Business:**

507 CANTERBURY LANE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

507 CANTERBURY LANE  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 37-1517331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CLARK, QUINN B  
507 CANTERBURY LANE  
KISSIMMEE, FL 34741    US

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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: CLARK, QUINN B  
Address: 507 CANTERBURY LANE  
City-St-Zip: KISSIMMEE, FL 34741

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

Title: MGR      (X) Delete  
Name: OLGA M. SANCHEZ DE FUENTES  
Address: 507 CANTERBURY LANE  
City-St-Zip: KISSIMMEE, FL 34741

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

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: QUINN CLARK

MGR

05/03/2009

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