

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000312

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: BELLEZZA SHOPPES OF BONITA, LLC

**Current Principal Place of Business:**

19350 NW 123RD CT.  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

19350 NW 123RD CT.  
MICANOPY, FL 32667

**New Mailing Address:**

FEI Number: 20-4336989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KARPAN, JULIE  
19350 NW 123RD CT.  
MICANOPY, FL 32667 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 ( ) Delete  
Name: HOLLY, JERRY  
Address: 19350 NW 123RD CT.  
City-St-Zip: MICANOPY, FL 32667

Title: MGRM ( ) Delete  
Name: BARBER, ROBERT DR  
Address: 11339 HWY 326  
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete  
Name: BARBER, MICHELLE  
Address: 11339 HWY 326  
City-St-Zip: OCALA, FL 32667

Title: MGRM ( ) Delete  
Name: ISHIKAWA, EILEEN V  
Address: 19350 NW 123 CRT  
City-St-Zip: MICANOPY, FL 32667

Title: MGRM ( ) Delete  
Name: KARPAN, JULIE M  
Address: 19350 NW 123 CRT  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE M. KARPAN

MEMB

01/10/2007

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