

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L06000007330

1. Entity Name

BELLA DORI ESPRESSO, LLC



Principal Place of Business

500 BELZ OUTLET BLVD
K 935
ST AUGUSTINE FL 32095
US

Mailing Address

500 BELZ OUTLET BLVD
K 935
ST AUGUSTINE FL 32095
US

2. Principal Place of Business - No P.O. Box #

500 Prime Outlet Blvd
Suite, Apt. #, etc.
K 935

3. Mailing Address

500 Prime Outlet Blvd
Suite, Apt. #, etc.
K 935

City & State

St. Augustine FL

City & State

St. Augustine FL

Zip

32095

Country

US

Zip

32095

Country

US

6. Name and Address of Current Registered Agent

VENAZIO, FRED
113 LAUREL WOOD WAY 105
SAINT AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Fred Venzo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE MGR
NAME VENAZIO, FRED
STREET ADDRESS 113 LAUREL WOOD WAY 105
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE MGR
NAME VENAZIO, LINDA
STREET ADDRESS 113 LAUREL WOOD WAY 105
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Fred Venzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90014 031 ***138.75



1st MOORE CR2E083 (10/07)

4. FEI Number	59-3754961	Applied For
		Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

		DATE
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>		

Date

Daystar Pixing #