

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

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

05-02-2008 90014 031 ***138.75

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

City & State

St. Augustine FL

Zip

32095

Country

US

3. Mailing Address

500 Prime Outlet Blvd

Suite, Apt. #, etc.

K 935

City & State

St. Augustine FL

Zip

32095

Country

US

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3754961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

[Signature]

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

(NOTE: Registered Agent signature required when renouncing)

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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:

[Signature]

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

Date

Daytime Phone #