

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026978

Entity Name: BELLA ROMA BUILDERS, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

3389 SHERIDAN STREET  
#558  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

## Current Mailing Address:

3389 SHERIDAN STREET  
#558  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

FEI Number: 20-4494332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, AUDREY ESQ  
4161 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

SMITH, AUDREY ESQ  
5440 SOUTH STATE ROAD 7  
HOLLYWOOD, FL 33314 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LAWRENCE, KRISHNA  
Address: 3389 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM ( ) Delete  
Name: FIALLO, PEDRO  
Address: 15805 SW 84TH STREET  
City-St-Zip: MIAMI, FL 33193

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LAWRENCE, KRISHNA  
Address: 3389 SHERIDAN STREET, #558  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: JENNIFER SANTANA FOR KRISHNA LAWRENCE

MGRM

04/29/2009

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