

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028616

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BELLANCA INCOME TAX, LLC

**Current Principal Place of Business:**

1101 EAST SAMPLE ROAD  
102  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

3131 NE 8 TERRACE  
POMPANO BEACH, FL 33064 US

**Current Mailing Address:**

1101 EAST SAMPLE ROAD  
102  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

103 STEVENSON ST  
BUFFALO, NY 14220 US

**FEI Number:** 20-0646078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERKELMANN, ROGER V  
1101 EAST SAMPLE RD  
102  
POMPANO BEACH, FL 33064 US

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

BELLANCA, DENNIS R  
1101 EAST SAMPLE RD  
102  
POMPANO BEACH, FL 33064 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:** DENNIS BELLANCA

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HERKELMANN, ROGER V  
**Address:** 1101 EAST SAMPLE RD 102  
**City-St-Zip:** POMPANO BEACH, FL 33064 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** HERKELMANN, ROGER V  
**Address:** 103 STEVENSON ST  
**City-St-Zip:** BUFFALO, NY 14220 US

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:** ROGER V HERKELMANN

MGR

04/30/2009

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