

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029214

Entity Name: BELLA MONTAGNA LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1822 BROADWAY
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 112543
NAPLES, FL 34108

New Mailing Address:

PO BOX 2452
FORT LAUDERDALE, FL 33303

FEI Number: 20-4522343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLIRO, SEBASTIAN J
1822 BROADWAY
FORT MYERS, FL 33901 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: JAVIER, JULIAN J
Address: 680 2ND AVE SUITE 203
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete
Name: WILLIAM, KEVIN
Address: 241 CODY RD
City-St-Zip: ENNIS, TX 75119

Title: MGRM (X) Delete
Name: COMISO INVESTMENTS LLC
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COMISO INVESTMENTS LLC
Address: 1822 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

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 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: SEBASTIAN J. BALLIRO

MGRM

04/30/2009

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