

FROM : JULIO GONZALEZ, CPA

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Apr. 23 2007 08:12AM P2

FILED

May 01, 2008 08:00 AM
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000037567

1. Entity Name
COSMABELLA, LLC



Principal Place of Business
**8940 CONROY-WINDERMERE RD
ORLANDO, FL 32835**

Mailing Address
**8940 CONROY-WINDERMERE RD
ORLANDO, FL 32835**



04242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARABITG, RICHARD M.D.
8940 CONROY WINDERMERE RD
ORLANDO, FL 32835**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000936942
05/27/08-80030-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ARABITG, RICHARD
8940 CONROY-WINDERMERE RD
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ARABITG, JENNIFER
8940 CONROY-WINDERMERE RD
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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

Richard Arabitg

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

None

Daytime Phone #

4/28/08