

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AF)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90318 002 ****50.00

DOCUMENT # L06000072011

1. Entity Name

BELLVIEW DEVELOPERS LLC



Principal Place of Business

671 CALOOSA ESTATES DRIVE
LABELLE FL 33935

Mailing Address

PO BOX 1893
LABELLE FL 33975

2. Principal Place of Business - No P.O. Box #

2441 Vermont St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. Melbourne, FL

City & State

Zip
32904

Country
Brevard

Zip

Country

4. FEI Number

20-0646291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

KASARE-BELL, MICHELLE R
671 CALOOSA ESTATES DRIVE
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

Michelle R. Kasare-Bell

Street Address (P.O. Box Number is Not Acceptable)

2441 Vermont St.

City

W. Melbourne

FL

Zip Code

32904

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KASARE-BELL, MICHELLE R
PO BOX 1893
LABELLE FL 33975 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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:

Michelle R. Kasare-Bell

Michelle R. Kasare-Bell

MGRM 336-782-5040

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

Date

Daytime Phone #