


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000086935 1. Entity Name POMBELLA, LLC	
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Principal Place of Business 4756 DUNBARTON DRIVE ORLANDO, FL 32817	Mailing Address 4756 DUNBARTON DRIVE ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE



06232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAYMOND, ISABELLA 4756 DUNBARTON DRIVE ORLANDO, FL 32817

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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYMOND, ISABELLA 4756 DUNBARTON DRIVE ORLANDO, FL 32817
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06/26/08-80002-002 138.75

**DO NOT WRITE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 6-19-08 Daytime Phone: 407-383-1984
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