

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088379

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: BELLA CORPO SPA & SALON, LLC

**Current Principal Place of Business:**

3223 SUITE A, SOUTH US 1 A-4  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

3223 SUITE A, SOUTH US 1 A-4  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 20-5548459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEFFEWE, ALISON ESQ.  
80 ROYAL PALM POINTE, #202  
VERO BEACH, FL 32960 US

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

GAMBOA, LETICIA  
3223 SUITE A, SOUTH US 1 A-4  
FORT PIERCE FL, FL 34982 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: LETICIA GAMBOA

02/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GAMBOA, LETICIA  
Address: 703 AZALEA AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR ( ) Delete  
Name: ADKISON, ANA MARIA  
Address: 807 EL RANCHO DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ADKISON, ANA MARIA  
Address: 2127 SE DESTIN DR  
City-St-Zip: PORT ST LUCIE, FL 34952

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: LETICIA GAMBOA

MNG

02/27/2008

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