

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088379

FILED
May 04, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

05/04/2009

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: 2127 SE DESTIN DR
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

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: ANA MARIA ADKISON

MRS

05/04/2009

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