

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000099072

1. Entity Name
BELLISSIMO SALON & SPA, LLC



Principal Place of Business
2373 SW WOODRIDGE ST
PORT ST LUCIE, FL 34953 US

Mailing Address
2373 SW WOODRIDGE ST
PORT ST LUCIE, FL 34953 US



02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5723658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUGARA, JESSICA C
2373 SW WOODRIDGE ST
PORT ST LUCIE, FL 34953

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U000000329407

05/21/08-50068-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUGARA, JESSICA C
STREET ADDRESS	2373 SW WOODRIDGE ST
CITY- ST- ZIP	PORT ST LUCIE, FL 34953
TITLE	MGRM
NAME	ROMANELLI, CAROL
STREET ADDRESS	1149 SE MCFARLANE AVENUE
CITY- ST- ZIP	PORT ST LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Jessica Lugara 4-25-08 772-214-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #