2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
03-28-2008 90171 019 ***143.75

DOCUMENT # L07000009396

1. Entity Name
BELLA MOTO, LLC

30004790

Principal Place of Business	Mailing Address
6828 S.E. 89TH STREET OCALA, FL 34480	6828 S.E. 89TH STREET OCALA, FL 34480
2. Principal Place of Business - No P.O. Box # 6828 S.E. 89 St.	3. Mailing Address 6828 S.E. 89th St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Ocala, Florida	City & State Ocala, Florida
Zip 34472 Country marion	Zip 34472 Country marion

03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8385780 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIDATO, SEBASTIAN V
6828 S.E. 89TH STREET
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sebastian V. Didato 6828 S.E. 89 Street Ocala, Florida 34472 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: ______________________ 03-27-08 352-307-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #