


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90016 020 \*\*\*138.75

<b>DOCUMENT # L07000030752</b>	
1. Entity Name <b>CASA BELLA ADVANTAGE REALTY, LLC</b>	

Principal Place of Business <b>709 BROADOAK LOOP SANFORD, FL 3271 US</b>	Mailing Address <b>709 BROADOAK LOOP SANFORD, FL 3271 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1001 COQUINA LN</b>	3. Mailing Address <b>4044 W. LK MARY BUD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 104121</b>

City & State <b>SANFORD FL</b>	City & State <b>LAKE MARY FL</b>
Zip <b>32711</b>	Zip <b>32746</b>
Country <b>US</b>	Country <b>US</b>



07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8685307</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>THORSEN, LAURIE E 709 BROADOAK LOOP SANFORD, FL 32771</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1001 COQUINA LN</b> City <b>SANFORD</b> FL Zip Code <b>32771</b>

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.

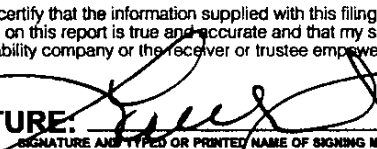
SIGNATURE  **LAURIE THORSEN MGR** DATE **7/11/08**

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

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR THORSEN, LAURIE E 709 BROADOAK LOOP SANFORD, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1001 COQUINA LN SANFORD FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  **LAURIE THORSEN MGR** DATE **7/11/08** DAYTIME PHONE # **407 461 6648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE