

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067558

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: BELLA MANAGEMENT, LLC

## Current Principal Place of Business:

6555 POWERLINE ROAD  
SUITE 102  
FT LAUDERDALE, FL 33309 US

## Current Mailing Address:

C/O 5341 AUBURN BLVD  
# 135  
SACRAMENTO CITY, CA 95842 US

## New Principal Place of Business:

2825 SW 22ND AVE  
SUITE 105  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

2825 SW 22ND AVE  
SUITE 105  
DELRAY BEACH, FL 33445 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEW LIFE GROUP, LLC  
6555 POWERLINE ROAD  
SUITE 102  
FT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

GALLETS, EUNICE  
2825 SW 22ND AVE  
SUITE 105  
DELRAY BEACH, FL 33445 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: EUNICE GALLETS

01/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NEW LIFE GROUP, LLC,  
Address: 6555 POWERLINE ROAD, SUITE 102  
City-St-Zip: FT LAUDERDALE, FL 33309 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GALLETS, EUNICE  
Address: 2825 SW 22ND AVE., #105  
City-St-Zip: DELRAY BEACH, FL 33445 US

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: EUNICE GALLETS

MGR

01/06/2009

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