



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 19, 2008 8:00 am
Secretary of State

05-05-2008 90027 036 ***138.75

DOCUMENT # L07000125699			
1. Entity Name BELLA NAPOLI OF NSB, LLC			
Principal Place of Business 610 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168 US		Mailing Address 610 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168 US	
2. Principal Place of Business - No P.O. Box # 705 N DINE FREEWAY		3. Mailing Address Suite, Apt. #, etc.	
City & State NEW SMYRNA BCH, FL		City & State	
Zip 32168	Country VOLUSIA	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ (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	MGRM HEBERT, CLARE J 610 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAPOLI, CHARLES 610 TURNSTONE TRACE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" 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
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: 		4/30/2008 386-416-8246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

124 NUMERIC 30009536
37-1557381



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 74-8013951983-2 Applied For Not Applicable

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