

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049996

Entity Name: BELLA VOCE PRODUCTIONS, LLC

FILED  
Jan 09, 2009  
Secretary of State

**Current Principal Place of Business:**

277 JEFFERSON LANE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

277 JEFFERSON LANE  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 26-2647781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASS, DANIEL G  
10001 N.W. 50 STREET  
SUITE 204  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

VITALE, PH.D., AMERICO P  
277 JEFFERSON LANE  
THE VILLAGES, FL 32162 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: AMERICO PERRY VITALE, PH.D.

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VITALE, AMERICO  
Address: 277 JEFFERSON LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: VITALE, MARY JO  
Address: 277 JEFFERSON LANE  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VITALE, AMERICO P  
Address: 277 JEFFERSON LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMERICO PERRY VITALE, PH.D.

PRES

01/09/2009

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