

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076397

FILED  
May 17, 2009  
Secretary of State

Entity Name: BELLA CASA TILE LLC

**Current Principal Place of Business:**

6663 MISSION CLUB BLVD  
UNID 109  
ORLANDO, FL 32821 US

**New Principal Place of Business:**

1165 PERPIGNAN CT  
KISSIMMEE, FL 34759 US

**Current Mailing Address:**

6663 MISSION CLUB BLVD  
UNID 109  
ORLANDO, FL 32821 US

**New Mailing Address:**

1165 PERPIGNAN CT  
KISSIMMEE, FL 34759 US

FEI Number: 26-3148088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LARSON ACCOUNTING & CONSULTING SERV LLC  
8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MENDONÇA, DIVINO  
Address: 6663 MISSION CLUB BLVD UNID 109  
City-St-Zip: ORLANDO, FL 32821 US

Title: VP ( ) Delete  
Name: MENDONÇA, GILDEONE  
Address: 4515 OAK CREEK ST APT 113  
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete  
Name: MENDONÇA, DIVANILTON  
Address: 4515 OAK CREEK ST APT 113  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: MENDONÇA, DIVINO  
Address: 1165 PERPIGNAN CT  
City-St-Zip: KISSIMMEE, FL 34759 US

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

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: DIVINO MENDONCA

\_\_\_\_\_ MANA

05/17/2009

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