

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087081

FILED
Feb 25, 2009
Secretary of State

Entity Name: BELLA HIL INVESTMENTS, LLC.

Current Principal Place of Business:

11838 ISLAND LAKES LN.
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

11838 ISLAND LAKES LN.
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 26-3356541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEJAS, JUAN C
11838 ISLAND LAKES LN.
BOCA RATON, FL 33498 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: MGR () Delete
Name: CALLEJAS, JUAN C
Address: 11838 ISLAND LAKES LN.
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGR () Delete
Name: CALLEJAS, CARLOS M
Address: 11838 ISLAND LAKES LN.
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGR (X) Delete
Name: NIEDDA, ADRIANA L
Address: 11838 ISLAND LAKES LN.
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: NIEDDA, ADRIANA L
Address: 11838 ISLAND LAKES LN.
City-St-Zip: BOCA RATON, FL 33498 US

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: JUAN CARLOS CALLEJAS

MGR

02/25/2009

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