2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# L08000089120

Entity Name: BELLA SOLUTIONS LLC

Current Principal Place of Business:

5036 DR PHILLIPS BLVD
107
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5036 DR PHILLIPS BLVD
107
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-3390579 **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:

CAPUTO, CHARLES
536 DR PHILLIPS BLVD
107
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: CHARLES CAPUTO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAPUTO, CHARLES
Address: 5036 DR PHILLIPS BLVD
City-St-Zip: ORLANDO STE 107, FL 32819

Title: MGRM ( ) Delete
Name: CAPUTO, ROBIN
Address: 5036 DR PHILLIPS BLVD
City-St-Zip: ORLANDO STE 107, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAPUTO, CHARLES
Address: 5036 DR PHILLIPS BLVD STE 107
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: CAPUTO, ROBIN
Address: 5036 DR PHILLIPS BLVD STE 107
City-St-Zip: ORLANDO, FL 32819

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: CHARLES CAPUTO MGR 09/30/2009

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