

on or before May 1, 1998 or Limited Liability Company will be
subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 29 PM 3:50

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000763

VILLA BELLA, L.C.
C/O MICHAEL FELDENKRAIS, P.A.
12000 BISCAYNE BLVD., SUITE 220
MIAMI FL 33181

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

C/O MICHAEL FELDENKRAIS, P.A.
12000 BISCAYNE BLVD., SUITE
MIAMI FL 33181

2. Principal Place of Business

12000 Biscayne Blvd

Suite, Apt. #, etc.

220

City & State

North Miami, FL

Zip

33181

Country

U.S.A.

2a. Mailing Address

12000 Biscayne Blvd

Suite, Apt. #, etc.

220

City & State

North Miami, FL

Zip

33181

Country

U.S.A.

3. Date Organized or Qualified

07/14/1997

3a. State of Formation

FL

4. FEI Number

05-0767121

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
12000 BISCAYNE BLVD.
SUITE 220
MIAMI FL 33181

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

200002511862

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****188.75 ****188.75

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Claudia Bertolero	1581 Brickell Avenue	Miami, FL 33129

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 exercise the powers of the company as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Claudia Bertolero Claudia Bertolero

4/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #