

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008634**



1. Entity Name  
**THE BELL FAMILY LIMITED LIABILITY COMPANY**

Principal Place of Business  
**2601 EAST OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306**

Mailing Address  
**2601 EAST OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306**

**DO NOT WRITE IN THIS SPACE**



04012004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0974284**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LINDSEY, ROSEMARY ESQ  
2601 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000110075  
04/12/04-80025-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HART, CAROLE B 4514 LAUREL RIDGE LANE MORGANTOWN, WV 26508
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELL, SUZAN 10504 SEA PALMS AVE LAS VEGAS, NV 89134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZANATI, ANDREA 356 BEVERLY ROAD DOUGLSTON MANOR, NY 11363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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 execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/8/04**

Date

**702-255-4105**

Daytime Phone #