Amended

04-10-2003 90023 028 ****50.00
L99000008634

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 16 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008634

1. Entity Name

THE BELL FAMILY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 EAST OAKLAND PARK BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State
Zip: 33306 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0974284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Address (P.O. Box Number is Not Acceptable)
ROSEMARY LINDSEY, ESQ.
2601 EAST OAKLAND PARK BLVD

City: FT LAUDERDALE FL Zip Code: 33306

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES.
NAME	CAROLE BELL HART
STREET ADDRESS	4514 LAUREL RIDGE LANE
CITY - ST - ZIP	MORGANTOWN, WV 26508
TITLE	V. PRES
NAME	SUZAN BELL
STREET ADDRESS	10504 SEA PALMS AVE
CITY - ST - ZIP	LAS VAGAS, NV 89134
TITLE	TREAS
NAME	ANDREA ZANATI
STREET ADDRESS	356 BEVERLY ROAD
CITY - ST - ZIP	DOUGLASTON MANOR, NY 11363
TITLE	
NAME	
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CR2E083B (12/02)

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: Suzan Bell 4/6/03 702-255-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32518F.1