## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043650

Entity Name: BELLARIVE, LLC

**Current Principal Place of Business:** 

4315 KIPLING AVE

PLANT CITY. FL 33566

**Current Mailing Address:** 

4315 KIPLING AVE. PLANT CITY, FL 33566 US

FEI Number: 90-0684183 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURRAN, TIM M 4315 KIPLING AVE PLANT CITY, FL 33566 US

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

**FILED** Jan 26, 2016

**Secretary of State** 

CC8810160741

## Authorized Person(s) Detail:

Title MGR

Name CURRAN, SEAN R Address 4315 KIPLING AVE

City-State-Zip: PLANT CITY FL 33566

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail