

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104310

Entity Name: 2127 VISTA COVE, LLC

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGSTON, CHRISTINA  
160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LANGSTON, CHRISTINA  
Address: 160 GREENFIELD DRIVE  
City-St-Zip: ST. JOHNS, FL 32259

Title: MGRM  
Name: HALLETT, KATHERINE  
Address: 104 TOLL GATE CIRCLE  
City-St-Zip: HUNTSVILLE, AL 35801

Title: MGRM  
Name: MACDONALD, HEATHER  
Address: 8528 MOODY CANAL ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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: CHRISTINA LANGSTON

MGRM

02/05/2012

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