

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027367

**Entity Name:** 519 BUENA VISTA, LLC

**Current Principal Place of Business:**

4928 JULIANA RESERVE DRIVE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

4928 JULIANA RESERVE DRIVE  
AUBURNDALE, FL 33823

**FEI Number:** 20-2544128

**Certificate of Status Desired:** No

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

LAVIGNE, JAMES R  
1000 LEGION PLACE  
SUITE 1200  
ORLANDO, FL 32801 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	MCFARLAND, JOSEPH B	Name	LIPPOLD, MONIKA M
Address	4928 JULIANA RESERVE DRIVE	Address	4928 JULIANA RESERVE DRIVE
City-State-Zip:	AUBURNDALE FL 33823	City-State-Zip:	AUBURNDALE FL 33823

*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.*

**SIGNATURE:** JOSEPH B. MCFARLAND

**MANAGER**

**04/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date