

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104310

**Entity Name:** 2127 VISTA COVE, LLC

**Current Principal Place of Business:**

160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LANGSTON, CHRISTINA  
160 GREENFIELD DRIVE  
ST. JOHNS, FL 32259 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 MGRM  
Name LANGSTON, CHRISTINA  
Address 160 GREENFIELD DRIVE  
City-State-Zip: ST. JOHNS FL 32259  
  
Title MGRM  
Name MACDONALD, HEATHER  
Address 8528 MOODY CANAL ROAD  
City-State-Zip: ST. AUGUSTINE FL 32092

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

*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:** CHRISTINA LANGSTON

MGRM

01/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date