

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000141465

**Entity Name:** VISTAPRO PEO, LLC

**Current Principal Place of Business:**

13323 W. HILLSBOROUGH AVE.  
SUITE 104  
TAMPA, FL 33635

**Current Mailing Address:**

13323 W. HILLSBOROUGH AVE.  
SUITE 104  
TAMPA, FL 33635 US

**FEI Number:** 32-0393656

**Certificate of Status Desired:** No

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

HENDERSON, BRIAN C  
13323 W. HILLSBOROUGH AVE.  
SUITE 104  
TAMPA, FL 33635 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:** BRIAN HENDERSON

04/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RUIZ, JORGE  
Address        9737 NW 41 ST  
                  SUITE 255  
City-State-Zip: MIAMI FL 33178

Title           MANAGER  
Name           MESSINA JR., JOHN P  
Address        13323 W. HILLSBOROUGH AVE.  
                  SUITE 104  
City-State-Zip: TAMPA FL 33635

Title           MANAGER  
Name           HENDERSON, MARTI  
Address        13323 W. HILLSBOROUGH AVE.  
                  SUITE 104  
City-State-Zip: TAMPA FL 33635

*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:** MARTI HENDERSON

MEMBER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date