

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 004 ****55.00

DOCUMENT # L02000004179

1. Entity Name
LAVISTA HOMES, LLC



Principal Place of Business
**609 TAMiami TRAIL SOUTH
VENICE FL 34275**

Mailing Address
**609 TAMiami TRAIL SOUTH
VENICE FL 34275**

2. Principal Place of Business
26418 80th DR E
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 20964
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Myakka City, FL
Zip
34251
Country
USA

City & State
Bradenton, FL
Zip
34204
Country
USA

4. FEI Number
33-0994927
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VAN WINKLE, MARY E P.A.
2815 PROCTOR ROAD
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Michael T. Ringali**
Street Address (P.O. Box Number is Not Acceptable)
9406 HAWKS MOOR Lane
City **Sarasota** FL Zip Code **34238**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael T. Ringali** DATE **5/1/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRINGALI, MICHAEL 9406 HAWKSMOOR LANE SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Richard TRINGALI 9406 HAWKSMOOR LN. SARASOTA, FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Maria P. TRINGALI 9406 HAWKSMOOR LN. SARASOTA, FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Michael T. Ringali** DATE **5/1/03** Daytime Phone # **780-0637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)