2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0200006229

1. Entity Name

VISTA MEADOWS LLC



FILED Apr 08, 2003 8:00 am Secretary of State 04-08-2003 90023 033 ****50.00

Principal Plac	ce of Business	Mailing Address	Mailing Address							
100 woodland drive Vero Beach FL 32962 US		100 Woodland Drive Vero Beach FL 32962 US	VERO BEACH FL 32962							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Nur	pber 303	340		applied For	
Zip	Country	Zip	Zip Coun		5. Certifica	ate of Status Desired			Additional quired	
	6. Name and Address of Curren	t Registered Agent	2 = - ~ .		~7.≂ Name a	nd Address of New	Registered	Agent		
				Name		•				
LAC	ONTE, RICHARD W									
	WOODLAND DR.		Street Ad			dress (P.O. Box Number is Not Acceptable)				
	O BEACH FL 32962					, ===,				
VCM	DEMOTTE 32302									
			•							
į				City			FI	Zip Cod	de	
8. The above	named entity submits this statement t	for the purpose of changing it	s register	ed office or re	egistered agent, or	ooth, in the State of F	lorida. I am	n familiar with	and accept	
the obligat	ions of registered agent.	or the purpose of one ging it	.c . c g.c.c,		ogioto ou agont, or			, , , , , , , , , , , , , , , , , , , ,	,	
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SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable (NO	TF: Begietere	id Agent signsture	required when reinstating)		DATE			
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9.	MANAGING MEMB		10.	<u> </u>		ADDITIONS	3/CHANGE			
TITLE		☐ Delete	TITL					Change	Addition	
NAME	LACONTE, RICHARD W	_	NAM						ļ	
STREET ADDRESS	2740 SW MARTIN DOWNS BLY	/D	STRI	EET ADDRESS						
CITY-ST-ZIP	PALM CITY FL 34990		CITY	-ST-ZIP	•		•			
TITLE	MGRM	☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	MEADOWS, VIRGINIA L		NAM	ie l						
STREET ADDRESS	100 WOODLAND DR		STRE	EET ADDRESS					ļ	
CITY-ST-ZIP	VERO BEACH FL 32962		CITY	-ST-ZIP					ļ	
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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:

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

772.569.3333