

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90061 032 ****50.00

DOCUMENT # L03000004877

1. Entity Name

VISTA PROPERTIES, LLC



Principal Place of Business

81 SEAGATE DR. #801
NAPLES FL 34103

Mailing Address

81 SEAGATE DR. #801
NAPLES FL 34103

2. Principal Place of Business

285 Grande Way #1403
Suite, Apt. #, etc.
NAPLES, FL #1403

3. Mailing Address

285 Grande Way
Suite, Apt. #, etc.
#1403

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip
34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

16-1653378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORSMAN, CRAIG
81 SEAGATE DR. #801
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **FORSMAN, CRAIG**
Street Address (P.O. Box Number is Not Acceptable)
285 Grande Way
#1403
City **NAPLES** FL Zip Code **34110**

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

Craig Forsman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FORMAN, CRAIG
81 SEAGATE DR. #801
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
285 Grande Way #1403
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Craig Forsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/05

Date

239-598-5333

Daytime Phone #