

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
1. Feb 22, 2007 8:00 am
Secretary of State

01-29-2007 90139 003 ****50.00

DOCUMENT # L03000025861

1. Entity Name
ESTEROVISTA, LLC



Principal Place of Business
**3936 TAMiami TRAIL NORTH
SUITE E
NAPLES, FL 34103**

Mailing Address
**3936 TAMiami TRAIL NORTH
SUITE E
NAPLES, FL 34103**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0105942

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOAVENI, ARDAVAN
3936 TAMiami TRAIL NORTH, SUITE E
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when requesting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FLORIDA MANAGEMENT & DEVELOPMENT CORP.
3936 TAMiami TRAIL NORTH, SUITE E
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

2/19/07 239 263-2324

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

Date

Overtime Phone #