

LOS 000007878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISTA LINDA, LLC
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raul A. Puente
(Name of Person)

Vista Linda, LLC
(Firm/Company)

17570 MIDDLE BROOK WAY
(Address)

BOCA RATON, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Puente at (561) 308-9881
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 10, 2005

RAUL A PUENTE
17570 MIDDLE BROOK WAY
BOCA RATON, FL 33496

SUBJECT: VISTA LINDA, L.L.C.
Ref. Number: L05000007878

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SECRETARY OF STATE
FLORIDA

We have received your document for VISTA LINDA, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 205A00061511

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: VISTA LINDA, LLC
2. The mailing address of the limited liability company is : 17570 MIDDLE BROOK WAY
BOCA RATON, FL 33496
3. Date of filing/registration in Florida 1/26/05
4. Document number LO5000007878

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MAC MAHON, DERMOT P
Name
1860 FOREST HILL BLVD - SUITE 105
Address
WEST PALM BEACH, FL 33406
City, State and Zip

6. The name and address of the new registered agent and/or office:

RAUL A. PUENTE
Name
17570 MIDDLE BROOK WAY
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL 33496
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

RAUL A. PUENTE
(Signature of a member or authorized representative of a member)

RAUL A. PUENTE
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

RAUL A. PUENTE
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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