

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024393

Entity Name: FOREST-VISTA, LLC

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1819 SWYNFORD LN  
COLLIERVILLE, TN 38017 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 38252  
GERMANTOWN, TN 38183 US

**New Mailing Address:**

FEI Number: 20-2476425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILKINSON, STEPHANIE  
10657 CYPRESS TRAIL DRIVE  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM ( ) Delete  
Name: WILKINSON, TY H  
Address: 3669 MARY LANE  
City-St-Zip: SARASOTA, FL 34238 US

**ADDITIONS/CHANGES:**

Title: MM (X) Change ( ) Addition  
Name: WILKINSON, TY H  
Address: 10657 CYPRESS TRAIL DRIVE  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TY WILKINSON

MM

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date