2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L05000031823

Entity Name: VISTA INSURANCE ALLIANCE, LLC

Current Principal Place of Business:

111 SECOND AVE. NE. S#204
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

111 SECOND AVE. NE. S#204
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-2624678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESSIER, JULIE
4011 78TH STREET N.
ST. PETERSBURG, FL 33709 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: MGRM ( ) Delete
Name: MESSIER, JULIE
Address: 4011 78TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGRM ( ) Delete
Name: SYLVESTER, DAVID
Address: 140 INLET WAY, #316
City-St-Zip: PALM BEACH SHORES, FL 33404

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JULIE MESSIER MGRM 01/16/2009

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