

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055473

Entity Name: CVISTA, LLC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

3071 SHOAL CREEK DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1600
HIGHLANDS CITY, FL 338401600

New Mailing Address:

P.O. BOX 89359
TAMPA, FL 33689

FEI Number: 20-2988456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASHKAJANI, HADI B
3071 SHOAL CREEK DRIVE
LAKELAND, FL 33803 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: MGR () Delete
Name: TASTESPIRE, INC.,
Address: P.O. BOX 1600
City-St-Zip: HIGHLANDS CITY, FL 338401600

Title: MGR () Delete
Name: LASHKAJANI, HADI B
Address: 3071 SHOAL CREEK DRIVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TASTESPIRE, INC.,
Address: P.O. BOX 89359
City-St-Zip: TAMPA, FL 33689

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HADI LASHKAJANI

MGR

04/03/2007

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