

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055473

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** CVISTA, LLC

**Current Principal Place of Business:**

1281 GULF OF MEXICO DRIVE  
502  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89359  
TAMPA, FL 33689

**New Mailing Address:**

**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  
1281 GULF OF MEXICO DRIVE  
502  
LONGBOAT KEY, FL 34228 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  
Name: TASTESPIRE, INC.  
Address: P.O. BOX 89359  
City-St-Zip: TAMPA, FL 33689

Title: MGR  
Name: LASHKAJANI, HADI B  
Address: 1281 GULF OF MEXICO DRIVE # 502  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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

02/17/2010

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