

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000064604

1. Entity Name
VISTA CENTER LIMITED, L.L.C.



Principal Place of Business
**1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

Mailing Address
**1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3156669

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHALIFOUX, THOMAS E JR.
1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000659641
03/16/07-80037-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CHALIFOUX, THOMAS E JR.
1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

TITLE
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STREET ADDRESS
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED NAME OF LIMITED LIABILITY COMPANY MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Thomas E. Chalifoux, Jr 03/16/07 407-846-0933