

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086292

FILED
Oct 12, 2006
Secretary of State

Entity Name: VISTA LLC

Current Principal Place of Business:

8390 PIONEER ROAD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8390 PIONEER ROAD
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-3397743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TRICE, RONALD N
8390 PIONEER ROAD
WEST PALM BEACH, FL 33411 US

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: RONALD N. TRICE

10/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRICE, RONALD N
Address: 8390 PIONEER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR () Delete
Name: TRICE, MARY SUE
Address: 8390 PIONEER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

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 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: RONALD N. TRICE

MGR

10/12/2006

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