

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103088

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** AVISTA MANAGEMENT OF ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

55 AVISTA CIRCLE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

400 NIGHT HAWK LAND  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 3405  
ST. AUGUSTINE, FL 320853405

**New Mailing Address:**

**FEI Number:** 20-3686926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSHELL, BRENDA A  
55 AVISTA CIRCLE  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

BUSHELL, BRENDA A  
400 NIGHT HAWK LANE  
ST. AUGUSTINE, FL 32080 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/23/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUSHELL, ANTHONY D  
Address: PO BOX 3405  
City-St-Zip: ST AUGUSTINE, FL 320853405

Title: MGRM  
Name: BUSHELL, BRENDA A  
Address: PO BOX 3405  
City-St-Zip: ST AUGUSTINE, FL 320853405

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: BRENDA BUSHELL

PRES

04/23/2010

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