

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000114268

Entity Name: VISTA NOVUS, LLC

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

23 N. SUMMERLIN AVE.  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

2949 WEST STATE RD. 434  
SUITE 200  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

23 N. SUMMERLIN AVE.  
ORLANDO, FL 32801 US

**New Mailing Address:**

2949 WEST STATE RD. 434  
SUITE 200  
LONGWOOD, FL 32779 US

FEI Number: 20-3953709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAUSNAUGH, CHANDLER  
23 N. SUMMERLIN AVE.  
ORLANDO, FL 32801 US

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

FAUSNAUGH, CHANDLER  
2949 WEST STATE RD. 434  
SUITE 200  
LONGWOOD, FL 32779 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: CHANDLER FAUSNAUGH

10/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FAUSNAUGH, CHANDLER  
Address: 23 N. SUMMERLIN AVE.  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FAUSNAUGH, CHANDLER  
Address: 2949 WEST STATE RD. 434  
City-St-Zip: LONGWOOD, FL 32779 US

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: CHANDLER FAUSNAUGH

MGRM

10/16/2006

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