

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035707

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** VISTA PROCESSING SERVICES, LLC

**Current Principal Place of Business:**

3821 SW JANIGA STREET  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

3821 SW JANIGA STREET  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 20-4647082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MM ENTERPRISES  
532 SW CHERRY HILL RD  
PORT SAINT LUCIE, FL 34953 US

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

LOLITA HOWARD  
3821 SW JANIGA STREET  
PORT SAINT LUCIE, FL 34953 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:** LOLITA HOWARD

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HOWARD, LOLITA  
**Address:** 3821 SW JANIGA STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** MGRM  
**Name:** CORREIA, BARBARA  
**Address:** 3821 SW JANIGA STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

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:** LOLITA HOWARD

MGR

04/28/2012

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