

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070442

Entity Name: VISTA LC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

744 KENILWORTH CIRCLE  
204  
HEATHROW, FL 32746

**New Principal Place of Business:**

16105 PLANTATION LAKES CR  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 470384  
LAKE MONROE, FL 32747

**New Mailing Address:**

16105 PLANTATION LAKES CR  
SANFORD, FL 32771

FEI Number: 68-0632581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OREJARENA, OMAR SR  
744 KENILWORTH CIRCLE  
204  
HEATHROW, FL 32746 US

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

OREJARENA, OMAR MR  
16105 PLANTATION LAKES CR  
SANFORD, FL 32771 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: OMAR OREJARENA

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OREJARENA, OMAR SR  
Address: 744 KENILWORTH CIRCLE  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OREJARENA, OMAR MR  
Address: 16105 PLANTATION LAKES CR  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: OMAR OREJARENA

MGR

04/30/2009

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