

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065523

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SOUTH VISTA LLC

**Current Principal Place of Business:**

825 CENTERWOOD DR  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 CENTERWOOD DR  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

P.O.BOX 305  
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 26-0804462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SABET, ARACH  
825 CENTERWOOD DR  
TARPON SPRINGS, FL 34688 US

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

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SABET, ARACH  
Address: 825 CENTERWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM ( ) Delete  
Name: GIRENKO, TETIANA A  
Address: 825 CENTERWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34688 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SABET, ARACH  
Address: P.O.BOX 305  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGRM (X) Change ( ) Addition  
Name: GIRENKO, TETIANA A  
Address: P.O.BOX 305  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

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: ARACH SABET

MR

02/02/2009

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