

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004852

Entity Name: ALLVISTAS LLC

FILED  
Jun 17, 2009  
Secretary of State

## Current Principal Place of Business:

413 AUTUMN CHASE DRIVE  
VENICE, FL 34292 US

## New Principal Place of Business:

1164 BEACHCOMBER CT  
OSPREY, FL 34229 US

## Current Mailing Address:

413 AUTUMN CHASE DRIVE  
VENICE, FL 34292 US

## New Mailing Address:

1164 BEACHCOMBER CT  
OSPREY, FL 34229 US

FEI Number: 27-0384205      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

DEW, MICHAEL M  
1164 BEACHCOMBER CT  
OSPREY, FL 34229 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: MICHAEL M. DEW

06/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DEW, MICHAEL M  
Address: 413 AUTUMN CHASE DRIVE  
City-St-Zip: VENICE, FL 34292 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DEW, MICHAEL M  
Address: 1164 BEACHCOMBER CT  
City-St-Zip: OSPREY, FL 34229 US

Title: MGRM ( ) Change (X) Addition  
Name: BENDER, BARBARA S  
Address: 1164 BEACHCOMBER CT  
City-St-Zip: OSPREY, FL 34229 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: BARBARA S. BENDER

MGRM

06/17/2009

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