


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
For Office Use Only
2013 AUG 15 PM 12:53
DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000115995	
1. Entity Name Vista Hermosa Enterprises, LLC	

DO NOT WRITE IN THIS SPACE


2. Principal Place of Business - No P.O. Box # 962 Millenbeck Avenue		3. Mailing Address P.O. Box 390212	
Suite, Apt. #, ect.		Suite, Apt. #, ect.	
City & State Deltona, Florida		City & State Deltona, Florida	
Zip 32725	Country U.S.A.	Zip 32738	Country U.S.A.

CR2E083B (1/11)

4. FEI Number 46-0970536		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

8. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Cortlandt Parker		
	Street Address (P.O. Box Number is Not Acceptable) 962 Millenbeck Avenue		
	City Deltona	FL	32725

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Cortlandt Parker, MGRM** 08/14/13

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

E-mail Address:
cortparker@aol.com

Make Check Payable to Florida Department of State

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cortlandt Parker, 962 Millenbeck Avenue, Deltona, Florida 32725
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10.
100250770651 08/15/13--01029--008 **138.75 DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.812.155, F.S.

SIGNATURE:  **Cortlandt Parker** 08/14/13 908-763-0327

N. Culligan AUG 15 2013