DOCUMENT # L99000003783 1. Entity Name ROYAL VISTA LLC FILED 01 JAN 22 PM 2: 20 Principal Place of Business 83t0 TRENTWOOD CT FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Seltzer, MARK R 8310 TRENTWOOD CT FT MYERS FL 33912 City The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. (NOTE: Registered Agent registere registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name SIGNATURE Signature, typed or printed name of registered agent and this faspiciable. Name Signature required when reinstatics 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELTZER, MARK R 8310 TRENTWOOD CT FT MYERS FL 33912 City FL Zip Code 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. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 1 1 1 1 3 5 9 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 0 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 0 0 8 - 0 1 5 1 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 1 1 1 0 1 0 0 8 - 0 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Make Check Payable to Department of State	
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	╛.
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eport as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OB FINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylime Phone #	dition