

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004419

Entity Name: BOA VISTA ORCHIDS, LLC

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4763 POLK CITY ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

4763 POLK CITY ROAD  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 59-3592963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIRANDA, FRANCISCO  
4763 POLK CITY ROAD  
HAINES CITY, FL 33844 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: MGR  
Name: MIRANDA, FRANCISCO  
Address: 4763 POLK CITY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: MGR  
Name: MIRANDA, MARIA  
Address: 4763 POLK CITY ROAD  
City-St-Zip: HAINES CITY, FL 33844

I hereby 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: FRANCISCO E. MIRANDA

MGR

04/04/2012

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