

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90099 042 \*\*\*138.75

DOCUMENT # M01000002174

1. Entity Name

MARVISTA HOLDINGS LLC



Principal Place of Business

2 NORTH TAMiami TRAIL, 12TH FLOOR  
SARASOTA FL 34236

Mailing Address

33 NORMANDY LANE  
RIVERSIDE CT 06878

2. Principal Place of Business - No P.O. Box #

1055 GOLF & MEXICO DR

3. Mailing Address

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

Long Beach, FL

City & State

Zip

34228

Country

San Jose

Zip

Country

4. FEI Number

06-1631766

Applied For

No: Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CIANCI, JEFFREY  
STREET ADDRESS 33 NORMANDY LANE  
CITY-ST-ZIP RIVERSIDE CT 06878

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Case

Daytona Price