

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000291

1. Entity Name
HASTA LA VISTA, LLC



Principal Place of Business
14410 PALMWOOD AVE., UNIT 18B
PALM BEACH GARDENS, FL 33410

Mailing Address
2190 LAKESHORE LANDING
ALPHARETTA, GA 30005



04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0376444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAYCOCK, GEORGE
14410 PALMWOOD AVE., UNIT 18B
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LAYCOCK, GEORGE
STREET ADDRESS 14410 PALMWOOD AVE., UNIT 18B
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE MGR
NAME LAYCOCK, MARCIANNE
STREET ADDRESS 14410 PALMWOOD AVE., UNIT 18B
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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05/03/05-80106-011 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

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

Date

Daytime Phone #

4/15/05