

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000002679

**Entity Name:** 2811 VISTA EAT, LLC

**Current Principal Place of Business:**

2727 N CENTRAL AVENUE  
PHOENIX, AZ 85004

**Current Mailing Address:**

2727 N CENTRAL AVENUE  
PHOENIX, AZ 85004 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name BRACCIA, MATTHEW F  
Address 2727 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name SHOEN, EDWARD J  
Address 2727 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MGR, TREASURER  
Name BERG, JASON A  
Address 2727 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MGR, VP  
Name CASEY, THOMAS R  
Address 2727 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title SECRETARY  
Name DE RESPINO, LAURENCE J  
Address 2721 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASSISTANT SECRETARY  
Name CHADWICK, WESLEY  
Address 2727 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY  
Name STUDER, RANDAL W  
Address 2721 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASST. TREASURER  
Name HARTE, KEVIN J.  
Address 2727 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURENCE J DE RESPINO

**SECRETARY**

**04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASST. TREASURER  
Name BRIDGEMAN, TOBIAS C  
Address 5555 KIETZKE LANE #100  
City-State-Zip: RENO NV 89511