



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 02/28/2021

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 538633

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/03/2017

Formation Locale: ID

**Name and Mailing Address:**

NEW VISION LANDSCAPE DESIGN LLC

12457 W AWBREY ST

BOISE, ID 83709-1355

(1) Add or Change Mailing Address:

2326 N. Destiny Ave.  
Kuna, ID 83634

**Registered Agent (RA) and Registered Office (RO) Address:**

ESTHER ZVIR

12457 W AWBREY ST

BOISE, ID 83709

(2) Change RA and/or RO Address:

Ruslan Zvir  
2326 N. Destiny Ave  
Kuna ID 83634

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member   | Name        | Business Address   | City, State, Zip |
|--|-------------|--------------------|------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Ruslan Zvir | 2326 N Destiny Ave | Kuna ID 83634    |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                    |                  |

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0578-7398 03/05/2021 9:05 AM Received by ID Secretary of State Lawrence Denney