

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000018270

**Entity Name:** ALIVE COVERAGE LLC

**Current Principal Place of Business:**

1707 E. LAKE CANNON DR. NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

1707 E. LAKE CANNON DR. NW  
WINTER HAVEN, FL 33881 US

**FEI Number:** 35-2484084

**Certificate of Status Desired:** No

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

WILSON, CALDER  
1707 E. LAKE CANNON DR. NW  
WINTER HAVEN, FL 33881 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 MGRM  
Name WILSON, CALDER  
Address 1707 E. LAKE CANNON DR. NW  
City-State-Zip: WINTER HAVEN FL 33881

*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:** CALDER WILSON

**EXECUTIVE DIRECTOR**

**03/03/2015**

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

\_\_\_\_\_  
Date