

2016 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

MGRM

02/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date