

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010281

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SERVICE ZONE INSURANCE, LLC

**Current Principal Place of Business:**

1152 SW BUSINESS POINTE DRIVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

3102 WEST END AVE #900  
NASHVILLE, TN 37203

**New Mailing Address:**

FEI Number: 86-1054201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION, FL 33324 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: DPCE ( ) Delete  
Name: GARNER, DAVE D  
Address: 3102 WEST END AVE #900  
City-St-Zip: NASHVILLE, TN 37203

Title: DV ( ) Delete  
Name: STONE, PAUL  
Address: 3102 WEST END AVE #900  
City-St-Zip: NASHVILLE, TN 37203

Title: V ( ) Delete  
Name: CARLSON, CHAD  
Address: 3102 WEST END AVE #900  
City-St-Zip: NASHVILLE, TN 37203

Title: T ( ) Delete  
Name: JANTZI, CRAIG  
Address: 3102 WEST END AVE #900  
City-St-Zip: NASHVILLE, TN 37203

Title: S ( ) Delete  
Name: LEVE, TERRENCES  
Address: 3102 WEST END AVE #900  
City-St-Zip: NASHVILLE, TN 37203

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CRAIG JANTZI

T

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date