

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010281

FILED
May 08, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
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

MANAGING MEMBERS/MANAGERS:

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: 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NEAL MILLER

GTO

05/08/2008

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