

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016107

Entity Name: 5670 ZIP DRIVE, LLC

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

16119 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

16119 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

FEI Number: 42-1590492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COONER, JEFFREY C  
16119 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: COONER, JEFFREY C  
Address: 16119 FLAGG POND LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGR ( ) Delete  
Name: AMANN, ROBERT G  
Address: 6352 EMERALD PINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33912 US

**ADDITIONS/CHANGES:**

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: JEFFREY C COONER

MGR

04/25/2008

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