

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038034

FILED
Apr 29, 2008
Secretary of State

Entity Name: ALL COVERAGE INSURANCE, LLC

Current Principal Place of Business:

2209 WEST 15TH ST
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

2209 WEST 15TH ST
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 75-3132165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: GIBSON, GREGORY
Address: 33 DOLPHIN PLACE
City-St-Zip: FREEPORT, FL 32439 US

ADDITIONS/CHANGES:

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: GREGORY GIBSON

MGRM

04/29/2008

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