

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079266

Entity Name: ZONE COVERAGE, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

10416 NEW BERLIN ROAD
SUITE 8
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8248
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 20-3329655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSEFF, WILLIAM A PARTNER
2192 SALT MYRTLE LANE
ORANGE, FL 32003 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: TASSEFF, WILLIAM A
Address: P.O. BOX 8248
City-St-Zip: FLEMING ISLAND, FL 32006

Title: MGRM () Delete
Name: ANDERSON, MICHAEL
Address: P.O. BOX 8248
City-St-Zip: FLEMING ISLAND, FL 32006

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: WILLIAM TASSEFF

MGRM

04/27/2007

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