

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038070

Entity Name: ZIGGITY DOT LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

840 NORTH 111 AVE
SUITE 1
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

840 NORTH 111 AVE
SUITE 1
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-4685596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MCCAHAH, JOHN
840 N. 111TH AVE.
SUITE 1
NAPLES, FL 34108 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: JOHN MCCAHAH

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCAHAH, JOHN
Address: 840 NORTH 111 AVE., SUITE 1
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: FUCHS, JAY
Address: 840 NORTH 111 AVE., SUITE 1
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: CRAWFORD, PATRICIA
Address: 840 NORTH 111 AVE., SUITE 1
City-St-Zip: NAPLES, FL 34108

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:

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: JOHN MCCAHAH

MGRM

04/29/2009

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