

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101389

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** LEFT OF ZERO, LLC

**Current Principal Place of Business:**

6360 ARAGON WAY, #102  
FORT MYERS, FL 33966

**New Principal Place of Business:**

6360 ARAGON WAY  
#102  
FORT MYERS, FL 33966

**Current Mailing Address:**

6900-29 DANIELS PARKWAY PMB 129  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 26-3631077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ST. CLAIR, CHRIS  
6360 ARAGON WAY, #102  
FORT MYERS, FL 33966 US

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

ST. CLAIR, CHRIS  
6360 ARAGON WAY  
#102  
FORT MYERS, FL 33966 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: CHRIS ST. CLAIR

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ST. CLAIR, CHRIS  
Address: 6900-29 DANIELS PARKWAY PMB 129  
City-St-Zip: FORT MYERS, FL 33912

**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: CHRIS ST. CLAIR

MGRM

04/17/2009

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