

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101389

**FILED**  
**Mar 30, 2010**  
**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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:**

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

I hereby 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

03/30/2010

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