

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108858

Entity Name: ZIPONOVER LLC

FILED
Apr 30, 2010
Secretary of State

Current Principal Place of Business:

3545 1 ST JOHNS BLUFF RD S
SMB 351
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

3545 1 ST JOHNS BLUFF RD S
SMB 351
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 27-1303097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECLAIR, TIMOTHY R
2542 COACHMAN LAKES DR
JACKSONVILLE, FL 32246 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: MGR
Name: LECLAIR, TIMOTHY R
Address: 3545 1 ST JOHNS BLUFF RD S SMB 351
City-St-Zip: JACKSONVILLE, FL 32224 US

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: TIMOTHY R LECLAIR

MGR

04/30/2010

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