

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000259

FILED
Apr 27, 2009
Secretary of State

Entity Name: ACOPIA, LLC

Current Principal Place of Business:

306 NORTHCREEK BLVD., SUITE #100
GOODLETTSVILLE, TN 37072

New Principal Place of Business:

Current Mailing Address:

306 NORTHCREEK BLVD., SUITE #100
GOODLETTSVILLE, TN 37072

New Mailing Address:

FEI Number: 26-0777326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH STREET
TALLAHASSEE, FL 32303 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 () Delete
Name: WARNER, ROBERT I
Address: 306 NORTHCREEK BLVD., SUITE #100
City-St-Zip: GOODLETTSVILLE, TN 37072

Title: MGR () Delete
Name: O'BRIANT, STONIE R
Address: 306 NORTHCREEK BLVD., SUITE #100
City-St-Zip: GOODLETTSVILLE, TN 37072

Title: MGR () Delete
Name: STUART, JAMES E
Address: 306 NORTHCREEK BLVD., SUITE #100
City-St-Zip: GOODLETTSVILLE, TN 37072

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: JAMES STUART

MGR

04/27/2009

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