

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030765

Entity Name: ZZIPIT, LLC**Current Principal Place of Business:**3810 HOLLOW WOOD DR
VALRICO, FL 33596**Current Mailing Address:**3810 HOLLOW WOOD DR
VALRICO, FL 33596**FEI Number:** 90-0942299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DISMUKE, RONALD M
3810 HOLLOW WOOD DR.
VALRICO, FL 33596 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	DISMUKE, RONALD M
Address	3810 HOLLOW WOOD DR
City-State-Zip:	VALRICO FL 33596

Title	MGR
Name	DISMUKE, ESSIE L
Address	3810 HOLLOW WOOD DR
City-State-Zip:	VALRICO FL 33596

Title	MGRM
Name	DISMUKE, RONALD M
Address	3810 HOLLOW WOOD DR
City-State-Zip:	VALRICO FL 33596

Title	MGRM
Name	DISMUKE, ESSIE L
Address	3810 HOLLOW WOOD DR
City-State-Zip:	VALRICO FL 33596

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD M. DISMUKE**MANAGER****04/30/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date