

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018364

FILED
May 12, 2009
Secretary of State

Entity Name: LOVETT LABORATORIES, LLC

Current Principal Place of Business:

860 111TH AVE. N.
SUITE 5
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

860 111TH AVE. N.
SUITE 5
NAPLES, FL 34108

New Mailing Address:

860 111TH AVE. N.
SUITE 5
NAPLES, FL 34108

FEI Number: 65-0079215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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 () Delete
Name: LOVETT, D.D.S., WILLIAM E
Address: 860 111TH AVE. N SUITE 5
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: LOVETT, VICKI
Address: 860 111TH AVE. N. SUITE 5
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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: VICKI LOVETT

MGRM

05/12/2009

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