

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018364

**FILED**  
**Jan 13, 2011**  
**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:**

**FEI Number:** 65-0079215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** LOVETT, D.D.S., WILLIAM E  
**Address:** 860 111TH AVE. N SUITE 5  
**City-St-Zip:** NAPLES, FL 34108

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

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:** VICKI LOVETT

MGR.

01/13/2011

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