

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024368

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** WALTER P. GLOVER ENTERPRISES, LLC

**Current Principal Place of Business:**

318 BROOKS STREET SE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

445 E HIGH ST  
LEXINGTON, KY 40507

**Current Mailing Address:**

318 BROOKS STREET SE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

445 E HIGH ST  
LEXINGTON, KY 40507

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLOVER, ROBERT L  
318 BROOKS STREET  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

GLOVER, ROBERT L  
318 BROOKS STREET SE  
FORT WALTON BEACH, FL 32548 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:

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GLOVER, JOHN T  
Address: 445 E HIGH ST  
City-St-Zip: LEXINGTON, KY 40508

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: JOHN T. GLOVER

MGR

02/08/2012

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