

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089404

**Entity Name:** WHITE GLOVE TREATMENT, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13988 SHALLOW COVE CT  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**  
  
13988 SHALLOW COVE CT  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 45-2901074      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PHIPPS, KIM L  
13988 SHALLOW COVE CT  
JACKSONVILLE, FL 32224    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: PHIPPS, KIM L  
Address: 13988 SHALLOW COVE CT  
City-St-Zip: JACKSONVILLE, FL 32224

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: KIM L PHIPPS

MGRM

04/23/2012

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