

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089404

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

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

**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