

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000308

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** SPRING HILL TREATS, L.C.

**Current Principal Place of Business:**

9200 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VICKY KELLIN  
12828 ROYAL GEORGE AVENUE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3555001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KELLIN, VICKY L  
12828 ROYAL GEORGE AVENUE  
ODESSA, FL 33556    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:** KELLIN, VICKY L  
**Address:** 12828 ROYAL GEORGE AVENUE  
**City-St-Zip:** ODESSA, FL 33556

**Title:** MGRM  
**Name:** KELLIN, DOUGLAS W  
**Address:** 12828 ROYAL GEORGE AVENUE  
**City-St-Zip:** ODESSA, FL 33556

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: VICKY KELLIN      MGRM      04/19/2012

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