2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000005782

1. Entity Name
WHITE GLOVE INSTALLATIONS, L.L.C.

Principal Place of Business	Mailing Address
1409 CHAPEL RIDGE DRIVE OCOEE, FL 34761	1409 CHAPEL RIDGE DRIVE OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3593745	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAGIAU, ALBERT A
1409 CHAPEL RIDGE DRIVE
OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAGIAU, ALBERT A
STREET ADDRESS	1409 CHAPEL RIDGE DRIVE
CITY-ST-ZIP	OCOEE, FL 34761

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04/08/05-00063-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Albert A. Xx_   (407) V97-9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #