

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005782

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



Principal Place of Business  
1409 CHAPEL RIDGE DRIVE  
OCOE, FL 34761

Mailing Address  
1409 CHAPEL RIDGE DRIVE  
OCOE, FL 34761



03132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3593745

Applied For  
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  
OCOE, 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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000515476  
04/29/06-80213-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Dagiau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/06

Date

Daytime Phone #