# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 07, 2009**
**Secretary of State**

DOCUMENT# L08000022643

**Entity Name:** BACK TO THE BASIKS, LLC

**Current Principal Place of Business:**

6344 EMERALD PINES CIRCLE
FORT MYERS, FL 33966

**New Principal Place of Business:**

8359 BEACON BLVD
SUITE 607
FORT MYERS, FL 33907

**Current Mailing Address:**

6344 EMERALD PINES CIRCLE
FORT MYERS, FL 33966

**New Mailing Address:**

8359 BEACON BLVD
SUITE 607
FORT MYERS, FL 33907

**FEI Number: 26-2014278** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHOMBERG, ANNE
6344 EMERALD PINES CIRCLE
FORT MYERS, FL 33966 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: MGR ( ) Delete
Name: BASIK, HEIDI
Address: 9853 BLUE STONE CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: MGR ( ) Delete
Name: SHOMBERG, ANNE
Address: 6344 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33966

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANNE SHOMBERG MGR 01/07/2009

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