

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000217470

**Entity Name:** BACKYARD SOCIAL LLC

**Current Principal Place of Business:**

12800 UNIVERSITY DR  
SUITE 275  
FORT MYERS, FL 33907

**Current Mailing Address:**

12800 UNIVERSITY DR  
SUITE 275  
FORT MYERS, FL 33907 US

**FEI Number:** 86-3935777

**Certificate of Status Desired:** No

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

BAUM, JENNA  
12800 UNIVERSITY DRIVE  
SUITE 275  
FORT MYERS, FL 33907 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BAUM, JENNA  
Address 12800 UNIVERSITY DRIVE  
SUITE 275  
City-State-Zip: FORT MYERS FL 33907

Title MGR  
Name MANN, COLLEEN  
Address 12800 UNIVERSITY DRIVE  
SUITE 275  
City-State-Zip: FORT MYERS FL 33907

Title MANAGER  
Name BAUM, MATHEW  
Address 12800 UNIVERSITY DR  
SUITE 275  
City-State-Zip: FORT MYERS FL 33907

Title MANAGER  
Name MANN, JOHN  
Address 12800 UNIVERSITY DRIVE  
SUITE 275  
City-State-Zip: FORT MYERS FL 33907

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNA BAUM

**MGR**

**04/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date