

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000518446

**Entity Name:** GET IT BACK LLC

**Current Principal Place of Business:**

1289 CLINT MOORE RD  
BOCA RATON, FL 33487

**Current Mailing Address:**

1289 CLINT MOORE RD  
BOCA RATON, FL 33487

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JEFFREY, POPKIN  
1289 CLINT MOORE RD  
BOCA RATON, FL 33487 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           | CEO                 | Title           | PRES                 |
| Name            | JEFFREY, POPKIN     | Name            | KATHERINE, STEINFINK |
| Address         | 1289 CLINT MOORE RD | Address         | 1289 CLINT MOORE RD  |
| City-State-Zip: | BOCA RATON FL 33487 | City-State-Zip: | BOCA RATON FL 33487  |

*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:** POPKIN JEFFREY

CEO

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date