

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005244

Entity Name: BACKLASH LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

321 N. CLARK ST.  
STE. 1450  
CHICAGO, IL 60610 US

**New Principal Place of Business:**

**Current Mailing Address:**

321 N. CLARK ST.  
STE. 1450  
CHICAGO, IL 60610 US

**New Mailing Address:**

FEI Number: 83-0349956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CRUTCHFIELD, TIMOTHY H ESQ.  
777 BRICKELL AVE.  
SUITE 708  
MIAMI, FL 33131 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: TIMOTHY H CRUTCHFIELD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHARP, WILLIAM  
Address: 321 N. CLARK ST., STE. 1450  
City-St-Zip: CHICAGO, IL 60610 US

Title: MGRM ( ) Delete  
Name: SHARP, SHERYL  
Address: 321 N. CLARK ST., STE. 1450  
City-St-Zip: CHICAGO, IL 60610 US

**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: WILLIAM SHARP

MGRM

04/29/2009

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