

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90063 031 \*\*\*150.00

**DOCUMENT # L04000013205**

1. Entity Name  
**ESSENTIAL BACKUP, LLC**



Principal Place of Business  
**4307 VINELAND ROAD, STE. H-14  
ORLANDO, FL 32811**

Mailing Address  
**4307 VINELAND ROAD, STE. H-14  
ORLANDO, FL 32811**

**DO NOT WRITE IN THIS SPACE**

02232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0767126**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RICKETTS, JOHN G. Amy L.**  
**4307 VINELAND ROAD, STE. H-14**  
**ORLANDO, FL 32811**

**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

**3/11/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RICKETTS, JOHN G  
1720 GLENWICK DRIVE  
WINDERMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ASENJO, ANTHONY  
349 GREEN ASH LANE  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OLIVA, JOAQUIN E  
2322 TREEFERN CT.  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RACA, BRAD M  
1191 AUTUMN BROOK CIRCLE  
LONGWOOD, FL 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BHATTI, NAVEED IMRAN  
12909 LOS ALAMITOS CT.  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

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

Date

Daytime Phone #

**3/11/06**