

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081948

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** CATHERINE L. BACK, CPA PLLC

**Current Principal Place of Business:**

4604 BUCHANAN DRIVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

4604 BUCHANAN DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

6837 SOUTH US 1  
PORT ST LUCIE, FL 34952

FEI Number: 20-2044664      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:**

BACK, CATHERINE L  
4604 BUCHANAN DRIVE  
FORT PIERCE, FL 34982      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BACK, CATHERINE L  
Address: 4604 BUCHANAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

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: CATHERINE BACK

MGRM

05/01/2009

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