

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000081948

**FILED**  
**Apr 27, 2010**  
**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:**

6837 SOUTH US HIGHWAY 1  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

6837 SOUTH US 1  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

6837 SOUTH US HIGHWAY 1  
PORT ST LUCIE, FL 34952

**FEI Number:** 20-2044664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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  
Name: BACK, CATHERINE L  
Address: 4604 BUCHANAN DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

I hereby 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 L BACK

MGMR

04/27/2010

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