

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089860

FILED
Jun 03, 2007
Secretary of State

Entity Name: BCKSQUARED, LLC

Current Principal Place of Business:

485 W. HERNDON STREET
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

485 W. HERNDON STREET
HERNANDO, FL 34442

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CHARETTE, TERESA A
485 W HERDON STREET
HERNANDO, FL 34442 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CHARETTE, TERESA A
Address: 485 W HERNDON STREET
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: CHARETTE, PATRICK A
Address: 485 W HERNDON STREET
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BROADWAY, CATHERINE
Address: 530 HARBUCK RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BROADWAY, ERIC
Address: 530 HARBUCK RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: KEISACKER, RENDA
Address: 5439 WOODLAND LANE
City-St-Zip: MILTON, FL 32583

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: KEISACKER, JEFFERY
Address: 5439 WOODLAND LANE
City-St-Zip: MILTON, FL 32583

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: TERESA CHARETTE

MGRM

06/03/2007

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