

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063894

Entity Name: AGING BACKWARDS, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1101 FLORES DE AVILA  
TAMPA, FL 33613

**New Principal Place of Business:**

13176 NORTH DALE MABRY HWY.  
413  
TAMPA, FL 33618

**Current Mailing Address:**

% DAVID S. WILLIG, CHARTERED  
2837 SW 3 AVE.  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 61-1505249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIG, DAVID S  
2837 SW 3 AVE  
MIAMI, FL 33129      US

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

DAVID S. WILLIG, CHARTERED  
2837 SW 3 AVE  
MIAMI, FL 33129      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: DAVID S. WILLIG

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SILVER, JACLYN  
Address: 13176 NORTH DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: MGRM  
Name: WILLIG, DAVID S  
Address: 2837 SW 3 AVE.  
City-St-Zip: MIAMI, FL 33129

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: DAVID S. WILLIG

MGRM

04/21/2011

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