

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078445

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: COMEBACKCO, LLC

**Current Principal Place of Business:**

9240 HORTON ROAD  
GOODRICH, MI 48438 US

**New Principal Place of Business:**

**Current Mailing Address:**

9240 HORTON ROAD  
GOODRICH, MI 48438 US

**New Mailing Address:**

PO BOX 338  
SANIBEL, FL 33957 US

FEI Number: 26-0656057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: MANN, TODD  
Address: 3083 N EASTVIEW WAY  
City-St-Zip: BUCEYE, AZ 38536 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANN, TODD  
Address: PO BOX 338  
City-St-Zip: SANIBEL, FL 33957 US

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: TODD MANN

MR.

03/04/2008

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