

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000118913

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** BACKSTRETCH-SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

6290 W. SAMPLE RD, #102  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

3472 OAKMONT ESTATES BLVD  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 33-1192104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASPER, LOUISE A  
3472 OAKMONT ESTATES BLVD  
WELLINGTON, FL FL 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: MGR  
Name: BACKSTRETCH, LLC  
Address: 3472 OAKMONT ESTATES BLVD  
City-St-Zip: WELLINGTON, FL 33414

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: LOUISE CASPER

MGR

04/06/2012

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