

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019471

Entity Name: BACK-EEZZ, LLC

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

14560 GLEN COVE DRIVE
UNIT 601
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

14560 GLEN COVE DRIVE
UNIT 601
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 30-0477243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIK, ROBERT J
14571 GLEN COVE DRIVE
UNIT 1002
FORT MYERS, FL 33919 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: WALLACE, LOUIS T
Address: 14560 GLEN COVE DRIVE, UNIT 601
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: FEIK, ROBERT J
Address: 14571 GLEN COVE DRIVE, UNIT 1002
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: WALLACE, PATRICIA A
Address: 14560 GLEN COVE DRIVE, UNIT 601
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: FEIK, DIANE
Address: 14571 GLEN COVE DRIVE, UNIT 1002
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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

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

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

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: LOUIS T. WALLACE

MGRM

01/10/2009

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