

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019471

Entity Name: BACK-EEZZ, LLC

**FILED**  
**Mar 22, 2010**  
**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 (X)

**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  
Name: WALLACE, LOUIS T  
Address: 14560 GLEN COVE DRIVE, UNIT 601  
City-St-Zip: FORT MYERS, FL 33919

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

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

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

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: ROBERT J FEIK

MR.

03/22/2010

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