

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049861

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** BACK TAX SOLUTIONS, LLC

**Current Principal Place of Business:**

5819 26TH AVE SOUTH  
GULFPORT, FL 33707 US

**New Principal Place of Business:**

1135 PASADENA AVE S.  
105  
SOUTH PASADENA, FL 33707 US

**Current Mailing Address:**

PO BOX 5165  
GULFPORT, FL 33737 US

**New Mailing Address:**

1135 PASADENA AVE S.  
105  
SOUTH PASADENA, FL 33707 US

**FEI Number:** 26-2643584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEBOWITZ, DENA  
5819 26TH AVE SOUTH  
GULFPORT, FL 33707 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:** LEBOWITZ, DENA J EA  
**Address:** 5819 26TH AVE SOUTH  
**City-St-Zip:** GULFPORT, FL 33707 US

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:** DENA LEBOWITZ

**MEMB**

**02/07/2011**

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