

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077525

Entity Name: BACK OFFICE PROS, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2143 E. FORT KING STREET, SUITE 102  
OCALA, FL 34471

## **New Principal Place of Business:**

2143 E. FORT KING STREET  
SUITE 104  
OCALA, FL 34471

## **Current Mailing Address:**

2143 E. FORT KING STREET, SUITE 102  
OCALA, FL 34471

## **New Mailing Address:**

2143 E. FORT KING STREET  
SUITE 104  
OCALA, FL 34471

FEI Number: 27-0726830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKINSON, MICHAEL W  
2143 E. FORT KING STREET, SUITE 102  
OCALA, FL 34471 US

## **Name and Address of New Registered Agent:**

WILKINSON, MICHAEL W  
2143 E. FORT KING STREET, SUITE 104  
OCALA, FL 34471 US

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:

04/25/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILKINSON, MICHAEL W  
Address: 3019 EAST FORT KING STREET  
City-St-Zip: Ocala, FL 34470

Title: MGR  
Name: WILKINSON, DEBRA D  
Address: 3019 EAST FORT KING STREET  
City-St-Zip: Ocala, FL 34470

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: KRISTEN WILKINSON

OMGR

04/25/2011

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