

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077525

Entity Name: BACK OFFICE PROS, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 104  
OCALA, FL 34471 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: 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: MICHAEL WILKINSON

MGR

04/23/2012

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