

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033265

**Entity Name:** BACKFLOW JACKET, LLC

**Current Principal Place of Business:**

4737 LONG BOW ROAD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4737 LONG BOW ROAD  
JACKSONVILLE, FL 32210 US

**FEI Number:** 45-1291990

**Certificate of Status Desired:** No

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

DEVINE, JEREMY M  
4737 LONG BOW ROAD  
JACKSONVILLE, FL 32210 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEVINE, JEREMY M  
Address 4737 LONG BOW ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title MGRM  
Name DEVINE, KRISTIN H  
Address 4737 LONG BOW ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title MGRM  
Name DEVINE, DONNA J  
Address 4737 LONG BOW ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name DEVINE, MICHAEL J  
Address 4737 LONG BOW ROAD  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL DEVINE

**DIRECTOR**

**04/15/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date