

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000020088

Entity Name: DIGITAL LEASH LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

52 TOMOKA MEADOWS BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

39500 HIGH POINTE BLVD  
250  
NOVI, MI 48375

**Current Mailing Address:**

52 TOMOKA MEADOWS BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

39500 HIGH POINTE BLVD  
250  
NOVI, MI 48375

FEI Number: 54-2195086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

EMERY, ROBERT  
52 TOMOKA MEADOWS BLVD.  
ORMOND BEACH, FL 32174 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: EMERY, ROBERT  
Address: 52 TOMOKA MEADOWS BLVD.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: FINNERTY, BRYAN  
Address: 39500 HIGH POINTE BLVD, SUITE 250  
City-St-Zip: NOVI, MI 48375

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 EMERY

MGRM

03/15/2011

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