

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042896

FILED
Jan 22, 2009
Secretary of State

Entity Name: ADAM & JAY LLC

Current Principal Place of Business:

2383 S.E. DIXIE HWY
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2383 SE DIXIE HWY
STUART, FL 34996

New Mailing Address:

FEI Number: 22-3930282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JAY PRES
2383 SE DIXIE HWY
STUART, FL 34996 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 () Delete
Name: BROWN, ADAM
Address: 1520 SOUTHWEST DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

Title: MGR () Delete
Name: BROWN, JASON
Address: 2383 SE DIXIE HWY
City-St-Zip: STUART, FL 34996

Title: S () Delete
Name: BROWN, JASON
Address: 2383 SE DIXIE HWY
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: BROWN, ADAM
Address: 1520 SOUTHWEST DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAY BROWN

PRES

01/22/2009

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