

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000056283

1. Entity Name

JAY SCOTT L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 30 AM 11:52

Principal Place of Business

31075 PEAR RIDGE
FARMINGTON HILLS MI 48334

Mailing Address

31075 PEAR RIDGE
FARMINGTON HILLS MI 48334



2. Principal Place of Business - No P.O. Box #

31075 PEAR RIDGE

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/08)

City & State

FARMINGTON HILLS, MI

City & State

FARMINGTON HILLS, MI

4. FEI Number

38-3525206

Applied For

Not Applicable

Zip

48334

Country

OAKLAND

Zip

48334

Country

OAKLAND

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, GARY
4931 NW 58TH TERRACE
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75

Make Check Payable to Florida Department of State

Due By September 3, 2009

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME WILNER, JAY S
STREET ADDRESS 31075 PEAR RIDGE
CITY-ST-ZIP FARMINGTON HILLS MI 48334

TITLE MGRM ☐ Delete
NAME WILNER, JAY S.
STREET ADDRESS 31075 PEAR RIDGE RD.
CITY-ST-ZIP FARMINGTON HILLS, MI 48334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

T. Hampton JUL - 1 2009