

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110763

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** THE AMENDED RETURN COMPANY, LLC

**Current Principal Place of Business:**

6300 ARBORWOOD AVE  
PORT ST JOHN, FL 32927

**New Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 1850  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

29615 GREEN ACRES  
FARMINGTON HILLS, MI 48334

**New Mailing Address:**

15662 PINE RIDGE DR  
HOLLY, MI 48442

FEI Number: 26-1116354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCOMAS, GREGORY C  
6300 ARBORWOOD AVE  
PORT ST JOHN, FL 32927 US

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

CRILLY, DANIEL C  
401 EAST LAS OLAS BLVD.  
SUITE 1850  
FORT LAUDERDALE, FL 33301 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: DANIEL C CRILLY

04/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCOMAS, GREGORY C  
Address: 6300 ARBORWOOD AVE  
City-St-Zip: PORT ST JOHN, FL 32927

Title: MGR ( ) Delete  
Name: MCCOMAS, ANDREW J JR  
Address: 29615 GREEN ACRES  
City-St-Zip: FARMING HILLS, MI 48334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCCOMAS, GREGORY C  
Address: 29615 GREEN ACRES  
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: MGR (X) Change ( ) Addition  
Name: MCCOMAS, ANDREW J JR  
Address: 15662 PINE RIDGE DR  
City-St-Zip: HOLLY, MI 48442

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: ANDREW J MCCOMAS

PRES

04/03/2009

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