

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110763

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5522 FENTON RD  
FLINT, MI 48507

**Current Mailing Address:**

15662 PINE RIDGE DR  
HOLLY, MI 48442

**New Mailing Address:**

**FEI Number:** 26-1116354      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CRILLY, DANIEL C  
401 EAST LAS OLAS BLVD.  
SUITE 1850  
FORT LAUDERDALE, FL 33301 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:** MCCOMAS, ANDREW J JR  
**Address:** 15662 PINE RIDGE DR  
**City-St-Zip:** HOLLY, MI 48442

**Title:** MGR  
**Name:** MCCOMAS, CHRISTINE L  
**Address:** 15662 PINE RIDGE DR  
**City-St-Zip:** HOLLY, MI 48442

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: ANDREW J MCCOMAS JR

MGMR

04/10/2011

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