

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004590

1. Entity Name
SMITHS AEROSPACE LLC



Principal Place of Business
**3290 PATTERSON AVE. SE
GRAND RAPIDS, MI 49512**

Mailing Address
**3290 PATTERSON AVE. SE
GRAND RAPIDS, MI 49512**



09062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2733944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 15, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EHR, ROBERT
STREET ADDRESS	3290 PATTERSON AVE. SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49512
TITLE	MGR
NAME	KUCKELMAN, DAVID
STREET ADDRESS	20501 SENECA MEADOWS PARKWAY
CITY-ST-ZIP	GERMANTOWN, MD 20876
TITLE	MGR
NAME	LITTAUER, STEVE
STREET ADDRESS	3290 PATTERSON AVE. SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49512
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/08/06-80001-008 50.00

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IN THIS SPACE**

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:

Walter E. Orme

WALTER E. ORME

9/7/06

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

Date

Daytime Phone #