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**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2004 NOV -3 PM 1:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002446			
1. Entity Name CASE, LLC			
Principal Place of Business 700 STATE ST. RACINE, WI 53404		Mailing Address 700 STATE ST. RACINE, WI 53404	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0433811		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		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 _____ DATE _____ Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature returns when submitting)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES/EMBE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2004			
10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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: <u><i>D. Costa</i></u> <u><i>D. Costa</i></u> <u><i>2/27/04</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Joanne Lestawicz
D. Costa
D. Costa

8/5/04

9/24/04