

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001260

**Entity Name:** ENESCO, LLC

**Current Principal Place of Business:**

225 WINDSOR DRIVE  
ITASCA, IL 60143

**Current Mailing Address:**

225 WINDSOR DRIVE  
ITASCA, IL 60143

**FEI Number:** 33-1150546

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BOWLES, THOMAS G.  
Address        225 WINDSOR DRIVE  
City-State-Zip: ITASCA IL 60143

Title           MANAGER  
Name           RAIFFE, BRUCE S.  
Address        225 WINDSOR DRIVE  
City-State-Zip: ITASCA IL 60143

Title           MANAGER  
Name           DONNER, MICHAEL  
Address        800 THIRD AVENUE  
                  40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           MANAGER  
Name           HENDON, SETH M.  
Address        800 THIRD AVENUE  
                  40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           MANAGER  
Name           KELLY, ROBERT J.  
Address        800 THIRD AVENUE  
                  40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           MANAGER  
Name           O'TOOLE, TERENCE M.  
Address        800 THIRD AVENUE  
                  40TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS G. BOWLES

**MANAGER**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date