## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001094

Entity Name: ONEIDA TOTAL INTEGRATED ENTERPRISES, LLC

**FILED** Jan 26, 2016 **Secretary of State** CC9685060633

## **Current Principal Place of Business:**

1033 N. MAYFAIR RD SUITE 200 MILWAUKEE. WI 53226

## **Current Mailing Address:**

1033 N. MAYFAIR ROAD

SUITE 200

MILWAUKEE. WI 53226

FEI Number: 14-1997327 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BEARD, GALAND 106 DIXIE LANE

COCOA BEACH, FL 32931 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

Name RENTMEESTER, WILBERT Name WHEELOCK, LESLIE

Address 1033 N. MAYFAIR ROAD Address 1033 N. MAYFAIR ROAD

SUITE 200 SUITE 200

City-State-Zip: MILWAUKEE WI 53226 City-State-Zip: MILWAUKEE WI 53226

Title **MGRM** Title **MGRM** 

METOXEN. WAYNE Name Name HOUSE, JEFF

1033 N. MAYFAIR ROAD Address 1033 N. MAYFAIR ROAD Address

SUITE 200 SUITE 200

City-State-Zip: MILWAUKEE WI 53226 City-State-Zip: MILWAUKEE WI 53226

Title **MGRM** 

Name ZALIM. JACQUELINE Address

1033 N. MAYFAIR ROAD

SUITE 200

City-State-Zip: MILWAUKEE WI 53226

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: WILBERT RENTMEESTER

CHAIRMAN OF THE **BOARD** 

01/26/2016