

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004991

**Entity Name:** IMPERIAL SUPPLIES LLC

**Current Principal Place of Business:**

789 ARMED FORCES DRIVE  
GREEN BAY, FL 54304

**Current Mailing Address:**

789 ARMED FORCES DRIVE  
GREEN BAY, FL 54304 US

**FEI Number:** 56-2339119

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGR  
Name HOWARD, JOHN L  
Address 100 GRAINGER PARKWAY  
City-State-Zip: LAKE FOREST IL 60045

Title PRESIDENT, CEO  
Name GILSON, ROBIN L  
Address 789 ARMED FORCES DRIVE  
City-State-Zip: GREEN BAY WI 54307

Title VP, CFO  
Name KAYE, THOMAS H  
Address 789 ARMED FORCES DRIVE  
City-State-Zip: GREEN BAY WI 54307

Title ASSISTANT SECRETARY  
Name CHUN HUGHES, JOANNE  
Address 100 GRAINGER PARKWAY  
City-State-Zip: LAKE FOREST IL 60045

Title SECRETARY  
Name DUBOVOY, HUGO JR.  
Address 100 GRAINGER PARKWAY  
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER  
Name TAPIA, ERIC R.  
Address 100 GRAINGER PARKWAY  
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER  
Name JUAREZ, JESUS RUDOLPH  
Address 789 ARMED FORCES DRIVE  
City-State-Zip: GREEN BAY WI 54304

*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:** JOANNE CHUN HUGHES

**ASSISTANT SECRETARY 04/23/2021**

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

\_\_\_\_\_  
Date