

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002258

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC1711660972**

**Entity Name:** GRIFFIN INDUSTRIES LLC

**Current Principal Place of Business:**

4221 ALEXANDRIA PIKE  
COLD SPRING, KY 41076

**Current Mailing Address:**

251 O'CONNOR RIDGE BLVD.  
SUITE 300  
IRVING, TX 75038 US

**FEI Number:** 61-0563460

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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 GRIFFIN, MARTIN W  
Address 4221 ALEXANDRIA PIKE  
City-State-Zip: COLD SPRING KY 41076

Title MGR  
Name MUSE, JOHN O  
Address 251 O'CONNOR RIDGE BLVD, SUITE 300  
City-State-Zip: IRVING TX 75038

Title MGR  
Name STUEWE, RANDALL C  
Address 251 O'CONNOR RIDGE BLVD, SUITE 300  
City-State-Zip: IRVING TX 75038

Title CHIEF TAX OFFICER  
Name STEVENS, LYLE  
Address 251 O'CONNOR RIDGE BLVD. SUITE 300  
City-State-Zip: IRVING TX 75038

Title SECRETARY  
Name STERLING, JOHN  
Address 251 O'CONNOR RIDGE BLVD. SUITE 300  
City-State-Zip: IRVING TX 75038

Title TREASURER  
Name PHILLIPS, BRAD  
Address 251 O'CONNOR RIDGE BLVD. SUITE 300  
City-State-Zip: IRVING TX 75038

*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:** LYLE STEVENS

**CHIEF TAX OFFICER**

**01/19/2015**

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

\_\_\_\_\_  
Date