

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000002742

**Entity Name:** TJ HALE COMPANY LLC

**Current Principal Place of Business:**

W139 N9499 HIGHWAY 145  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

PO BOX 250  
MENOMONEE FALLS, WI 53052

**FEI Number:** 46-3954205

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 AUTHORIZED MEMBER  
Name ROSEAN, ROBERT  
Address W139 N9499 HIGHWAY 145  
City-State-Zip: MENOMONEE FALLS WI 53051

Title CFO  
Name KESSLER, DEBRA  
Address W139 N9499 HIGHWAY 145  
City-State-Zip: MENOMONEE FALLS WI 53051

*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:** ROBERT ROSEAN

MEMBER

06/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date