

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000007659

**Entity Name:** SPRAY EQUIPMENT & SERVICE CENTER, LLC

**Current Principal Place of Business:**

311 S PATTIE  
WICHITA, KS 67211

**Current Mailing Address:**

PO BOX 3580  
WICHITA, KS 67201 US

**FEI Number:** 38-3885021

**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 TIMBERLINE CIP LLC  
Address 3800 COLONNADE PARKWAY  
SUITE 430  
City-State-Zip: BIRMINGHAM AL 35243

Title AUTHORIZED REPRESENTATIVE  
Name RUBIO, TERESA  
Address 177 MULLINS DRIVE  
City-State-Zip: HELENA AL 35080

Title CFO  
Name GOODMAN, SUSAN  
Address 311 S PATTIE  
City-State-Zip: WICHITA KS 67211

Title CEO  
Name SHADINGER, JOHN  
Address 311 S PATTIE  
City-State-Zip: WICHITA KS 67211

Title VP  
Name HUELSKAMP, COREY  
Address 311 S PATTIE  
City-State-Zip: WICHITA KS 67211

Title VP  
Name MAXWELL, MARK  
Address 177 MULLINS DRIVE  
City-State-Zip: HELENA AL 35080

Title VP AUTOMOTIVE DIVISION  
Name WILLIAMS, JASON  
Address 5941 BRIGHTON PINES COURT  
City-State-Zip: HOWELL MI 48843

Title AUTHORIZED MEMBER  
Name SPRAY HOLDINGS INC  
Address 311 S PATTIE  
City-State-Zip: WICHITA KS 67211

*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:** TERESA RUBIO

**CONTROLLER**

**02/05/2024**

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

\_\_\_\_\_  
Date