## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000070718

1. Entity Name

CNC GRINDING SPECIALTIES, LLC

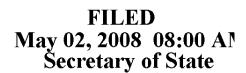


Principal Place of Business

2291 RIVERFRONT PKWY SUITE 1000 CUYAHOGA FALLS, OH 44221

Mailing Address

2291 RIVERFRONT PKWY SUITE 1000 CUYAHOGA FALLS, OH 44221





04032008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number<br>20-3135735      | <u> </u> |                   | Applied For<br>Not Applicable |
|----|-------------------------------|----------|-------------------|-------------------------------|
| 5. | Certificate of Status Desired |          | \$5.00<br>Fee Red | Additional                    |

6. Name and Address of Current Registered Agent

BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE FL 32202

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

| SIGNATURE.  | Signature, typed or printed name of registered egent and title if applicable.   | (NOTE Registered Agent signature required when reinstating) | DATE  |  |  |
|---|---|---|---|--|--|
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 |   |   |   |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                 | MGR CHIEF WAHU CORP 2291 RIVERFRONT PKWY SUITE 1000 CUYAHOGA FALLS, OH 44221  |   | U00000942073<br>05/29/09-90008-004 198 75           |  |  |
| TITLE NAME STREET ADDRESS DJTY-ST-ZJP                                 |   |   | 837237857500067804 [35.13                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | DO  | NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ·   | IN  | THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   |   |  |  |
| morcated  | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shilling company or the receiver or trustee empowered to ever | hall have the same legal effect as it made under d          | oath: that I am a managing member or manager of the |  |  |

8. 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. I am familiar with, and accept