

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # M01000002094

1. Entity Name
GROUPE LACASSE LLC



Principal Place of Business
**99 ST. PIERRE ST.
ST. PIE, PQ JOH 1W0
CANADA, XX**

Mailing Address
**99 ST. PIERRE ST.
ST. PIE, PQ JOH 1W0
CANADA, XX**



DO NOT WRITE IN THIS SPACE

04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
38-3504222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SMLLC - HAWORTH, INC.
ONE HAWORTH CENTER
HOLLAND, MI 49423**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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04/19/07-80002-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE: John T. Manasse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/07

Date

616-393-1855

Daytime Phone #