

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001459 1. Entity Name THE TODD LAWRENCE COMPANY, LLC	
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Principal Place of Business 1800 S. 35TH DRIVE GALESBURG, MI 49053	Mailing Address 1800 S. 35TH DRIVE GALESBURG, MI 49053
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03252004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

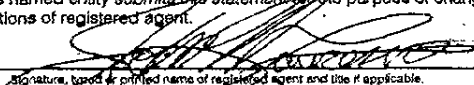
4. FEI Number 81-0551386	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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

4/1/04

**Filing Fee is \$50.00
Due by May 1, 2004**

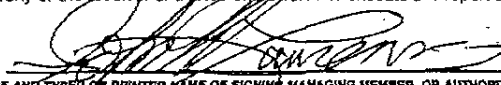
000000104900
04/07/04-80003-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAWRENCE, JOHN W 1800 S. 35TH DRIVE GALESBURG, MI 49053
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE:



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

4/2/04

Date

269/665-7075

Daytime Phone #

John W. Lawrence, Mgr