

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 041 ****50.00

DOCUMENT # M02000003427

1. Entity Name
MILL'S PRIDE STORE SUPPORT, LLC



Principal Place of Business
**2 EASTON OVAL
COLUMBUS, OH 43219-6036**

Mailing Address
**C/O TAX DEPT
21001 VAN BORN RD
TAYLOR, MI 48180-1340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0584777

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRV ☐ Delete
NAME GARGARO, EUGENE A JR
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

TITLE MGR ☐ Delete
NAME LEEKLEY, JOHN R
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

TITLE MGRV ☐ Delete
NAME ROSOWSKI, ROBERT B
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

TITLE CEO ☒ Delete
NAME METZGER, REINHARD
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

TITLE V ☒ Delete
NAME DORAN, DAVID A
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

TITLE VAS ☒ Delete
NAME WADHAMS, TIMOTHY
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR, MI 43219

10. ADDITIONS/CHANGES

TITLE Manager ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manag ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

4/21/04

313/274-7400

Date

Daytime Phone #

David A. Doran, Vice-President