

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # M03000000428

1. Entity Name
KRAFTMAID SALES AND DISTRIBUTION, LLC



Principal Place of Business
**16052 INDUSTRIAL PARKWAY
MIDDLEFIELD, OH 44062**

Mailing Address
**C/O TAX DEPARTMENT
21001 VAN BORN RD
TAYLOR, MI 48180**



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1536519

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
**MGR
SZNEWAJS, JOHN G
21001 VAN BORN ROAD
TAYLOR, MI 48180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARGARO, EUGENE A JR
21001 VAN BORN ROAD
TAYLOR, MI 48180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEEKLEY, JOHN R
21001 VAN BORN ROAD
TAYLOR, MI 48180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000718828
05/01/07-80036-016 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: _____

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

4/18/07

Date

313-274-7400

Daytime Phone #