

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002081

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** WALTHER THREE RIVERS, LLC

**Current Principal Place of Business:**

52944 US 131  
THREE RIVERS, MI 49093

**New Principal Place of Business:**

52944 N US HIGHWAY 131  
THREE RIVERS, MI 49093

**Current Mailing Address:**

52944 US 131  
THREE RIVERS, MI 49093

**New Mailing Address:**

52944 N US HIGHWAY 131  
THREE RIVERS, MI 49093

**FEI Number:** 38-3639073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALTHER, DANIEL J  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

Title: MGRM  
Name: WALTHER, DENNIS P  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

Title: MGRM  
Name: WALTHER, DAVID M  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

Title: MGRM  
Name: WALTHER, BRIAN J  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

Title: MGRM  
Name: WALTHER, GARY W  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

Title: MGRM  
Name: WALTHER, JASON M  
Address: 52944 US 131  
City-St-Zip: THREE RIVERS, MI 49093

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JASON WALTHER

CEO

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date