

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90140 020 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M06000000508**

1. Entity Name  
GETRONICS FLEXIBLE SOLUTIONS, LLC



Principal Place of Business  
290 CONCORD ROAD  
BILLERICA, MA 01821

Mailing Address  
290 CONCORD ROAD  
BILLERICA, MA 01821

**60007403**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4311391

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GETRONICS USA INC.  
STREET ADDRESS 290 CONCORD RD, M/S 001-3K3  
CITY-ST-ZIP BILLERICA, MA 01821

TITLE P  
NAME SULLIVAN, STEPHEN J  
STREET ADDRESS 290 CONCORD RD  
CITY-ST-ZIP BILLERICA, MA 01821

TITLE CFOT  
NAME LEERS, DAVID  
STREET ADDRESS 290 CONCORD RD  
CITY-ST-ZIP BILLERICA, MA 01821

TITLE S  
NAME O'ROURKE, DAVID  
STREET ADDRESS 290 CONCORD RD  
CITY-ST-ZIP BILLERICA, MA 01821

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** ✓

David Leers, CFO/Treas. 1/ /2008 (978) 625-6212

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

Date

Daytime Phone #