

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005728

1. Entity Name  
LESAINT LOGISTICS, LLC



Principal Place of Business  
2570 NORTHWEST PARKWAY  
ELGIN, IL 60124

Mailing Address  
2570 NORTHWEST PARKWAY  
ELGIN, IL 60124

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**



02252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4902075	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, JERRY  
9285 WICKHAM WAY  
ORLANDO, FL 32836

**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**

U000000911515  
05/07/08-80043-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENNINGTON, JEFF 2570 NORTHWEST PARKWAY ELGIN, IL 60124
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGER, HANS J 2570 NORTHWEST PARKWAY ELGIN, IL 60124
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

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:

*Jeff Pennington*

3-18-08

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

Date

Daytime Phone #