

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M07000000032

1. Entity Name
YOUNG MICROBRUSH LLC



Principal Place of Business
**1376 CHEYENNE AVENUE
GRAFTON, WI 53024**

Mailing Address
**1376 CHEYENNE AVENUE
GRAFTON, WI 53024**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1524935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTOS, ALEXIS
7806 KINGSPONTE PARKWAY
ORLANDO, FL 32819**

**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	MGR
NAME	HERBST, ARTHUR
STREET ADDRESS	500 N. MICHIGAN AVENUE, STE. 2204
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	MGR
NAME	BOEHNING, CHRISTINE
STREET ADDRESS	500 N. MICHIGAN AVENUE, STE. 2204
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	MGR
NAME	MANNING, ERIN
STREET ADDRESS	500 N. MICHIGAN AVENUE, STE. 2204
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	MGR
NAME	WALLIN, GUNNAR
STREET ADDRESS	1376 CHEYENNE AVENUE
CITY-ST-ZIP	GRAFTON, WI 53024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80002-003.50.00

**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

3/16/07

Date

312-644-4150

Daytime Phone #