

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000106

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: DOUBLE E COMPANY, LLC

## Current Principal Place of Business:

319 MANLEY STREET  
WEST BRIDGEWATER, MA 02379

## New Principal Place of Business:

319 MANLEY STREET  
WEST BRIDGEWATER, MA 02379 US

## Current Mailing Address:

319 MANLEY STREET  
WEST BRIDGEWATER, MA 02379

## New Mailing Address:

319 MANLEY STREET  
WEST BRIDGEWATER, MA 02379 US

FEI Number: 76-0836268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: ALTIERI, WILLIAM H  
Address: 99 DERBY STREET, SUITE 200  
City-St-Zip: HINGHAM, MA 02043

Title: MGR ( ) Delete  
Name: FORTIN, MARK  
Address: 319 MANLEY STREET, SUITE 301  
City-St-Zip: WEST BRIDGEWATER, MA 02379

Title: MGR ( ) Delete  
Name: GORMAN, THOMAS  
Address: 55 FERNCROFT ROAD  
City-St-Zip: DANVERS, MA 01923

Title: MGR ( ) Delete  
Name: KILLACKEY, CHRISTOPHER  
Address: 191 N. WACKER DRIVE, SUITE 800  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: MCNALLY, SEAN  
Address: 191 N. WACKER DRIVE, SUITE 800  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK FORTIN

MGR

04/08/2009

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