

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000328

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** THE STERNO GROUP LLC

**Current Principal Place of Business:**

303 FALVEY BLVD.  
TEXARKANA, TX 75501

**New Principal Place of Business:**

**Current Mailing Address:**

1 EAST WEAVER STREET  
GREENWICH, CT 06831

**New Mailing Address:**

**FEI Number:** 20-5625554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: CANDLE CORPORATION OF AMERICA  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

Title: P  
Name: WILLIAMSON, BRUCE  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

Title: VP  
Name: GOERGEN JR, ROBERT  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

Title: T  
Name: CASEY, JANE  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

Title: VPS  
Name: NOVINS, MICHAEL S  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

Title: AS  
Name: BOAK, JEFFERY  
Address: 1 EAST WEAVER STREET  
City-St-Zip: GREENWICH, CT 06831

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: JANE CASEY

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01/19/2012

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