


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000002485 1. Entity Name LITHKO RESTORATION TECHNOLOGIES, LLC	
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FILED
Jul 14, 2008 08:00 AM
 Secretary of State

Principal Place of Business 5375 HAMILTON MIDDLETOWN RD HAMILTON, OH 45011-2407	Mailing Address 5375 HAMILTON MIDDLETOWN RD HAMILTON, OH 45011-2407
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07102008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0817704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	BAKER, KENNETH R
STREET ADDRESS	5375 HAMILTON MIDDLETOWN RD
CITY-ST-ZIP	HAMILTON, OH 450112407
TITLE	MGR
NAME	SCHROEDER, TERRY H
STREET ADDRESS	5375 HAMILTON MIDDLETOWN RD
CITY-ST-ZIP	HAMILTON, OH 450112407
TITLE	MGR
NAME	PELLEGRINI, MICHAEL J
STREET ADDRESS	5375 HAMILTON MIDDLETOWN RD
CITY-ST-ZIP	HAMILTON, OH 450112407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

U00000954847
07/14/08-80017-016 138.75

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: Michael J. Pellegrini 7-10-08 513-867-4329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #