

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000007

FILED
Jul 08, 2009
Secretary of State

Entity Name: SUN CAPITAL PARTNERS NETHERLANDS MANAGEMENT, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 26-3947024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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 () Delete
Name: SUN CAPITAL PARTNERS MANAGEMENT IV, LLC
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: SUN CAPITAL PARTNERS MANAGEMENT V, LLC
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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: LAURA LOUIS

POA

07/08/2009

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