


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90178 022 ***138.75

DOCUMENT # M98000001057					
1. Entity Name MAYSTEEL, LLC					
Principal Place of Business N89 W14700 PATRITA DRIVE MENOMONEE FALLS, WI 53051			Mailing Address 330 E. KILBOURN AVE STE 750 MILWAUKEE, WI 53122		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-1938082	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUMPTER, JERRY 1885 POND RUN AUBURN HILLS, MI 48326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSELL, JOHN D., JR. N89 W14700 PATRITA DR MENOMONEE FALLS, WI 53051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARTER, KIM A N. 89 W. 14700 PATRITA DR. MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAY, J. DOUGLAS 800 N MARSHALL STREET MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAUSKE, THOMAS J JR. 330 KILBOURN AVE., #750 MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUEDERS, WAYNE R. 777 E WISCONSIN AVE MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAUSKE, THOMAS J SR. 330 KILBOURN AVE., #750 MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORTH, JAMES P. 330 E KILBOURN AVE, SUITE 750 MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEGERDAHL, ANDERS 800 NORTH MARSHALL ST. MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARTUNG, STEVEN J. 330 E KILBOURN AVE, SUITE 750 MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRULL, CHARLES D 330 KILBOURN AVE., #750 MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRULL, CHARLES D 330 KILBOURN AVE., #750 MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			Date: 4/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 414-223-1588		