

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

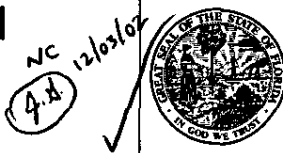
FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90027 023 ****50.00

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DOCUMENT # M99000000721

1. Entity Name
DOHMEN DISTRIBUTION PARTNERS SOUTHEAST, LLC.



Principal Place of Business
**3950 VALLEY EAST INDUSTRIAL DRIVE
BIRMINGHAM AL 36109**

Mailing Address
**3950 VALLEY EAST INDUSTRIAL DRIVE
BIRMINGHAM AL 36109**



2. Principal Place of Business

3. Mailing Address

PO Box 1006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

German town WI

Zip

Country

Zip

Country

53022

United States

4. FEI Number **75-2730473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$6,000,000.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NELSON, RONALD G
5005 N STATE ROAD LINE AVE
TEXARKANA TX 75503

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBRM
John Dohmen
W194N11381 McCormick Drive
German town, WI 53022

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SMITH, THOMAS O
3950 VALLEY E INDUSTRIAL DRIVE
BIRMINGHAM AL 36109

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBRM
Robert Dohmen
W194N11381 McCormick Drive
German town, WI 53022

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBRM
Tracy Pearson
W194N11381 McCormick Drive
German town, WI 53022

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-21-03 262-250 2238

Date

Daytime Phone #

CR2E083 (4/03)