

FILED
02 OCT -8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number ~~41-1952190~~

Applied For

Not Applicable

Country
USA

Zip
55343

Country
USA

5. Certificate of Status Desired

☐ **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

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

1201 Hays Street

City Tallahassee

FL

Zip Code
32301-2607

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.

SIGNATURE

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

DATE _____

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

600008312676--7
-10/10/02--01080--019
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Keith Bednarowski 10350 Bren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Ronald W. Schiferl 10350 Bren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Luz Campa 10350 Gren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Andrew C. Deckas 10350 Gren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Wade Lau 10350 Gren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr, Patrick Mascia 10350 Bren Road West Minnetonka, MN 55343	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:

Andrew Deckas

October 4, 2002 952-656-4444

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

Date _____

Daytime Phone # _____

CR2E083B (12/01)