

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099561

**FILED**  
**Feb 18, 2016**  
**Secretary of State**  
**CC6256083864**

**Entity Name:** HOLE PRODUCTS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

205 16TH ST NE STE A  
LITTLE FALLS, MN 56345

**Current Mailing Address:**

205 16TH ST NE STE A  
LITTLE FALLS, MN 56345

**FEI Number:** 20-8146655

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OOHOUDT, BRAD  
6448 PINECASTLE BLVD  
STE 105  
ORLANDO, FL 32809-6674 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

**Authorized Person(s) Detail :**

Title MGRM  
Name OOTHOUTD, BRAD  
Address 13127 THOMAS DR.  
City-State-Zip: LITTLE FALLS MN 56345

Title MGRM  
Name BABCOCK, WILLIAM EJR  
Address 1232 VIRGINIA LN  
City-State-Zip: HULL GA 30646

Title MGRM  
Name BAUMANN, MARK D  
Address 1433 CAROLE LN  
City-State-Zip: GREEN BAY WI 54313

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRAD OOTHOUTD

**PRESIDENT**

**02/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date