

Foreign Limited Liability Company



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

| Annual Report: No filing fee if received by due date. | | | | | |
|---|-------------|-------------------------|--|--|--|
| If reinstatement is required, the reinstatement fee is \$30.00. | | | | | |
| SOS Control Number: 274 | 1137 Filing | Status: Active-Existing | | | |

Date Formed: 11/06/2009

Formation Locale: NEVADA

| Name and Mailing Address: | (1) Add or Change Malling Address: | |
|---|------------------------------------|--|
| STR GRINNELL GP HOLDING, LLC | • | |
| PO BOX 591 X-81 | | |
| MILWAUKEE, WI 53201 | | |
| | | |
| | | |
| Registered Agent (RA) and Registered Office (RO) Address: | (2) Change RA and/or RO Address: | |
| C T CORPORATION SYSTEM | | |
| 921 S ORCHARD ST STE G | ; , | |
| BOISE, ID 83705 | | |

Note: The Registered Office address must be a physical Idaho address (no postal box).

| (3) | New | Registere | d Agent | (RA) | Signature: |
|-----|-------|--------------|----------|--------|------------|
| | 14644 | i veniorei e | u Autili | 111/0/ | OIGHREUIG. |

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|----------------|-------------------|-------------------|---------------------|
| ☑Mgr ☐Mem | Anthony McGraw | 6600 Congress Ave | Boca Katon FL 33487 |
| ☑fMgr ☐Mem | Carmine Schiavone | 6600 Congress Ave | Boca Raton FL 33487 |
| ☑ Mgr ☐ Mem | | 6600 Conatess Are | Boca Katon, FL 3348 |
| ☐Mgr ☐Mem | | . 3 | |
| Mgr Mem | | | |
| Mgr Mem | | | |
| Mgr Mem | | | |
| ☐Mgr ☐Mem | | | |
| Λ | | | |

(5) Signature: L (7) Type/Print Name: Jennifer Leong (6) Date:

November 7, 2018

(8) Title:

Vice President/Secretary/Manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 If reinstating. Sign and date this form and return to the address provided above.