

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081664

Entity Name: SUPER CLOSURE INTERNATIONAL, LLC**Current Principal Place of Business:**1257 FLUSHING AVENUE
CLEARWATER, FL 33764**Current Mailing Address:**1257 FLUSHING AVENUE
CLEARWATER, FL 33764**FEI Number:** 27-0786478**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GILLIAM, JAMES R
1257 FLUSHING AVENUE
CLEARWATER, FL 33764 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	GILLIAM, JAMES R
Address	1257 FLUSHING AVENUE
City-State-Zip:	CLEARWATER FL 33764

Title	MGR
Name	NACASCO, LLC
Address	822 W. BAUER ROAD
City-State-Zip:	NAPERVILLE IL 60563

Title	MGR
Name	TOWERS INNOVATIVE PACKAGING, LLC
Address	2151 LOIS LANE
City-State-Zip:	WHEATON IL 60187

Title	MRM
Name	GARCIA , DAVID R
Address	2655 LEJEUNE RD SUITE 802
City-State-Zip:	CORAL GABLES FL 33134

Title	MRM
Name	SALAZAR, AMERICO
Address	2655 LEJEUNE RD SUITE 802
City-State-Zip:	CORAL GABLES FL 33134

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: JAMES R GILLIAM**PRESIDENT****02/24/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date