

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081664

**FILED**  
**Feb 14, 2020**  
**Secretary of State**  
**3109524401CC**

**Entity Name:** SUPER CLOSURE INTERNATIONAL, LLC

**Current Principal Place of Business:**

27 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

27 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number: 27-0786478**

**Certificate of Status Desired: No**

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

GARCIA, DAVID R  
27 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: DAVID R GARCIA**

**02/14/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GILLIAM, JAMES R  
Address 27 ALMERIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

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

Title MGR  
Name GARCIA , DAVID R  
Address 27 ALMERIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SALAZAR, AMERICO  
Address 27 ALMERIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name PIERCE, JOSEPH R  
Address 14330 HARBOUR LINKS CT  
#8B  
City-State-Zip: FORT MYERS FL 33908

*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: DAVID R GARCIA**

**MANAGER**

**02/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date