

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081664

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC3983017666**

**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: No**

**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**

**01/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date