

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000000367

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC8550156042**

**Entity Name:** PERMA-LINER INDUSTRIES, LLC

**Current Principal Place of Business:**

13000 AUTOMOBILE BOULEVARD  
SUITE 300  
CLEARWATER, FL 33762

**Current Mailing Address:**

13000 AUTOMOBILE BOULEVARD  
SUITE 300  
CLEARWATER, FL 33762 US

**FEI Number:** 80-0878335

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name GORDON, JAMES A  
Address 900 N. MICHIGAN AVE. SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title MGR  
Name HAMILTON, TODD M  
Address 875 N. MICHIGAN AVE. SUITE 4020  
City-State-Zip: CHICAGO IL 60611

Title MGR  
Name NELSON, GORDON LJR  
Address 27 MAIN STREET 2ND FLOOR  
City-State-Zip: CONCORD MA 01742

Title MGR  
Name PEISER, BRIAN L  
Address 900 N. MICHIGAN AVE. SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title MGR  
Name ZALAZNICK, DAVID W  
Address 767 FIFTH AVE. 48TH FLOOR  
City-State-Zip: NEW YORK NY 10153

Title MGR  
Name TOLMIE, DAVID M  
Address 900 N. MICHIGAN AVE. SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title MANAGER  
Name REARDON, MICHAEL J.  
Address 13000 AUTOMOBILE BOULEVARD  
SUITE 300  
City-State-Zip: CLEARWATER FL 33762

Title MANAGER  
Name KIEST, JR., LARRY W.  
Address 1779 CHESSIE LANE  
City-State-Zip: OTTAWA IL 61350

**Continues on page 2**

*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:** GORDON L. NELSON, JR.

**MANAGER**

**01/16/2015**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           MOSLEY, EMMETT

Address        875 N. MICHIGAN AVENUE  
                  SUITE 4040

City-State-Zip: CHICAGO IL 60611