

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300000367

Entity Name: PERMA-LINER INDUSTRIES, LLC

Current Principal Place of Business:

13000 AUTOMOBILE BOULEVARD
SUITE 300
CLEARWATER, FL 33762

FILED
Mar 21, 2014
Secretary of State
CC1855261519

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

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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: TODD M. HAMILTON

MANAGER

03/21/2014

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