

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90077 042 ****50.00

DOCUMENT # L00000008215

1. Entity Name
GLOBAL PACKAGING INNOVATIONS, L.L.C.



Principal Place of Business
**102 SURREY LANE
PONTE VEDRA, FL 32082**

Mailing Address
**102 SURREY LANE
PONTE VEDRA, FL 32082**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-2967915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARON L BARTLETT, BARTLETT & DEAL PA
135 PROFESSIONAL DRIVE
STE 101
PONTE VEDRA, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIEMIEC, MARK A 102 SURREY LANE PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIEMIEC, FRANCES W 102 SURREY LANE PONTE VEDRA, FL 32082
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Mark A. Niemiec 1/18/04 904-548-1845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #