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Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90577 019 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021482

1. Entity Name
Coastal Box and Packaging LLC

44002987

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8165 SR 207	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings, FL	City & State
Zip: 32145 Country: USA	Zip Country

4. FEI Number: 56-2288045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Operating Manager
NAME	Neil Castleberry
STREET ADDRESS	234 Barrataria Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	Secretary/Treasurer
NAME	Cindy Castleberry
STREET ADDRESS	234 Barrataria Drive
CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083B (12/02)

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.

Neil Castleberry 4/29/03 904-692-5085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #