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Aug 10, 2006 8:00 am
Secretary of State
07-21-2006 90083 003 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008340

1. Entity Name
WESTROCK LTD. CO.

30012604

Principal Place of Business	Mailing Address
89 LONGBROOK ST EXETER ENGLAND EX4 6AP.	89 LONGBROOK ST EXETER ENGLAND EX4 6AP.

2. Principal Place of Business	3. Mailing Address
86 LONGBROOK STREET	86 LONGBROOK STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: EXETER	City & State: EXETER
Zip: EX4 6AP Country: ENGLAND	Zip: EX4 6AP Country: ENGLAND

07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 82-0589140 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

NEUMAN, ARAVINDA
602 N OCEAN BLVD
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER NEUMAN, MITHRA 86 LONGBROOK ST EXETER ENGLAND EX4 6AP.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: (M. Neuman) 7/17/06 561-340 4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #