

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075514

**Entity Name:** O'BRIEN PACKAGING, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

19807 GULF BLVD. SUITE 105  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 805  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number:** 27-0667387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'BRIEN, DAVID K  
19807 GULF BLVD. SUITE 105  
INDIAN SHORES, FL 33785 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: O'BRIEN, DAVID  
Address: 19807 GULF BLVD. SUITE 105  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID K. O'BRIEN

MGR

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date