

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085444

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ELETTRA PACKAGING, LLC

**Current Principal Place of Business:**

20861 JOHNSON STREET, SUITE 102  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

20861 JOHNSON STREET, SUITE 102  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 27-0891106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PADRO, JOSE F CPA  
2520 NW 97 AVENUE, STE. 120  
MIAMI, FL 33172 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:** LIBERATORE, FULVIA  
**Address:** 20861 JOHNSON STREET, SUITE 102  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** MGR  
**Name:** LIBERATORE, FLAVIO  
**Address:** 20861 JOHNSON STREET, SUITE 102  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** MGR  
**Name:** CASALE, MARY LOU  
**Address:** 20861 JOHNSON STREET, SUITE 102  
**City-St-Zip:** PEMBROKE PINES, FL 33029

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:** MARY LOU CASALE

MGR

04/11/2012

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