

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037565

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FOIL PRE-GLUING & CUTTING SOLUTIONS, LLC

**Current Principal Place of Business:**

6303 BLUE LAGOON DR  
400  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6303 BLUE LAGOON DR  
400  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 45-1206288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAYAS, MORILLAS & ASSOCIATES  
6303 BLUE LAGOON DR  
400  
MIAMI, FL 33126 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:** P  
**Name:** CRUZ, FATIMA C  
**Address:** 7864 NW 194 TERR  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGR  
**Name:** SENA, OLGA  
**Address:** 450 WEST PARK DR APT 102  
**City-St-Zip:** MIAMI, FL 33172

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:** FATIMA CEPERO CRUZ

PRES

05/01/2012

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