## #110700001534

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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K.SALY EXAMINER AUG 1 2012

## **COVER LETTER**

TO:	Registration Division of	Section Corporations				
SUBJECT:CORBI PLASTICS, LLC						
		Name of Foreign	n Limited L	iability Compa	iny	
Dear	Sir or Madam	:				
		avit by Foreign Limi (s) and fee(s) are sub			Change Manager(s) or	
Please	e return all co	rrespondence concer	ning this ma	atter to the follo	owing:	
		KEVIN P. HEAD				
		Name of Person				
CORBI PLASTICS, LLC						
Firm/Company						
	164	5 BERGSTROM R	OAD			
		Address	-			
NEENAH, WI 54956						
		City/State and Zip C	Code			
	VICKI E-mail addres	.VANVLEET@MEI s: (to be used for futu	NASHA.CO	OM eport notificati	on)	
For fi	urther informa	tion concerning this	matter, plea	ase call:		
	KEVIN	HEAD at	920		751-1498	
		f Person		de and Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encle ✓\$25	o <b>sed is a chec</b> Filing Fee	k for the following : \$30 Filing Fee & Certificate of Status	<b>\$55.</b>	00 Filing Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S) LIAMASSEE, FLORIDA

The name of the limited liability company Department of State is:  C	
2. This entity was formed under the laws of	: WISCONSIN
<ol><li>This entity was authorized to transact bus and its Florida document/registration numbe</li></ol>	
4. The name and address of each manager o	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ORBIS CORPORATION  1055 CORPORATE CENTER DRIVE  OCONOMOWOC, WI 53066
· ·	
<del></del>	
Required Signature:  Signature of Manager.	Managing Member or Member

Filing Fee: \$25