

MD70000004443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

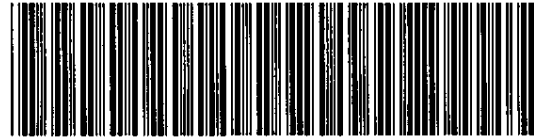
(Business Entity Name)

(Document Number)

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2014 FEB -4 AM 10:44
CLERK OF STATE
TALLAHASSEE FL 32301

FEB 05 2014

D. ERNOT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2014

PAULA FINCH
SCHWARZ PARTNER LP
5505 W 74TH ST
INDIANAPOLIS, IN 46268

SUBJECT: SCHWARZ PARTNERS PACKAGING MIAMI, LLC
Ref. Number: M07000004443

We have received your document for SCHWARZ PARTNERS PACKAGING MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00001013

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schwarz Partners Packaging Miami, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Finch

Name of Person

Schwarz Partners LP

Firm/Company

5505 W 74th St

Address

Indianapolis, IN 46268

City/State and Zip Code

pfinch@schwarzpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Finch

Name of Person

at (317) 290-1140

Area Code & Daytime 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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CLERK OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Schwarz Partners Packaging Miami, LLC

2. (a) Principal office address of limited liability company: 1101 E 33rd St
Hialeah, FL 33013
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 5505 W 74th St
Indianapolis, IN 46268
(Note: MAY BE POST OFFICE BOX)

July 2007
3. Date of filing/registration in Florida

M07000004443
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Jack W Schwarz

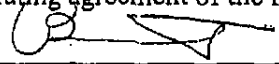
Registered Office Address: 540 Harbor Point Rd
Longboat Key, FL 34228

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI

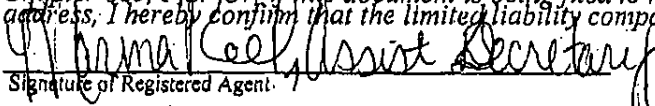
NEW Registered Office Address: 515 E Park Ave
(MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member.

Thomas E. Bennett
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00