

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002448

Entity Name: DIVERSAPACK, LLC

FILED
Apr 27, 2012
Secretary of State

Current Principal Place of Business:

9670 WEST MAIDEN COURT
VERO BEACH, FL 32963

New Principal Place of Business:

981 JOSEPH E. LOWERY BOULEVARD
SUITE 100
ATLANTA, GA 30318

Current Mailing Address:

9670 WEST MAIDEN COURT
VERO BEACH, FL 32963

New Mailing Address:

981 JOSEPH E. LOWERY BOULEVARD
SUITE 100
ATLANTA, GA 30318

FEI Number: 58-2664951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: LEE, OLIVER
Address: 981 JOSEPH E. LOWERY BOULEVARD, SUITE 100
City-St-Zip: ATLANTA, GA 30318

Title: MGR
Name: KRISTEL, IRA
Address: 6080 JERICHO TURNPIKE, SUITE 101
City-St-Zip: COMMACK, NY 11726

Title: MGR
Name: KRISTEL, ALAN
Address: 6080 JERICHO TURNPIKE, SUITE 101
City-St-Zip: COMMACK, NY 11726

Title: MGR
Name: KRISTEL, MINDY
Address: 6080 JERICHO TURNPIKE, SUITE 101
City-St-Zip: COMMACK, NY 11726

Title: MGR
Name: WACHTEL, WILLIAM
Address: 885 SECOND AVENUE, 47TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: MGR
Name: YOUNG, ANDREW JR.
Address: 885 SECOND AVENUE, 47TH FLOOR
City-St-Zip: NEW YORK, NY 10017

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: OLIVER LEE

S

04/27/2012

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