

17090000062993

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 SEP 18 PM 3:08

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SEP 19 2013

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Retail Sense Sales LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tonya Cosgrove  
Name of Person

Aptaris Sales LLC  
Firm/Company

2502 N. Rocky Point Dr., Suite 1070  
Address

Tampa, FL 33607  
City/State and Zip Code

tcosgrove@goaptaris.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Cosgrove at ( 813 ) 202-8060 ext. 42  
Name of Person 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      ☒ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 SEP 18 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 9, 2013

TONYA COSGROVE  
APTARIS SALES LLC  
2502 N ROCKY POINT DR - STE 1070  
TAMPA, FL 33607

SUBJECT: RETAIL SENSE SALES LLC  
Ref. Number: M09000002993

We have received your document for RETAIL SENSE SALES LLC and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY CORPORATION. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Tammy Hampton  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 313A00021176

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Retail Sense Sales LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: August 3, 2009

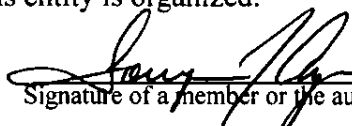
**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 20, 2013
5. New name of the limited liability company: Aptaris Sales LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Tonya J. Cosgrove

Typed or printed name of signee

**Filing Fee: \$25.00**

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