

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90032 014 \*\*\*\*50.00

**DOCUMENT # M94000000167**

1. Entity Name  
ESSEX PLASTICS MIDWEST, LLC, L.C.



Principal Place of Business  
1105 VISCO DRIVE  
NASHVILLE, TN 37210

Mailing Address  
1531 NW 12TH AVE.  
POMPANO BCH, FL 33069

60030307



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3273183	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ESSEX PLASTICS, INC.  
1531 N.W. 12TH AVENUE  
POMPANO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEVENSON, BRIAN 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRANDBERG, ED 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, DAVE 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/05

Date

(954) 941-6333

Daytime Phone #