

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3273183

Applied For
Not Applicable

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
STEVENSON, BRIAN
1531 N.W. 12TH AVENUE
POMPANO BEACH, FL 330691730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STRANDBERG, ED
1531 N.W. 12TH AVENUE
POMPANO BEACH, FL 330691730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHAEFER, DAVE
1531 N.W. 12TH AVENUE
POMPANO BEACH, FL 330691730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1/5/06 (454) 941-6335