2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 02, 2017
Secretary of State
CC6186717348

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Entity Name: TRIPLOID PACKING, LLC

Current Principal Place of Business:

1018 OLEANDER EAST
LAKELAND, FL 33801

Current Mailing Address:

POST OFFICE BOX 827
LAKELAND, FL 33815-0827 US

FEI Number: 47-3594225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WROTEN, LEE A III
1018 OLEANDER EAST
LAKELAND, FL 33801 US

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

Authorized Person(s) Detail :

Title	MGR
Name	NICHOLS, STEPHEN R
Address	POST OFFICE BOX 827
City-State-Zip:	LAKELAND FL 33815-0827

Title	MEMBER
Name	ELLIOTT, MARK A
Address	1018 OLEANDER EAST
City-State-Zip:	LAKELAND FL 33801

Title	MEMBER
Name	STEPHENS, GERALD T
Address	1018 OLEANDER EAST
City-State-Zip:	LAKELAND FL 33801

Title	MGR
Name	WROTEN, LEE A III
Address	POST OFFICE BOX 827
City-State-Zip:	LAKELAND FL 33815-0827

Title	MEMBER
Name	WROTEN, LEE ALLEN III
Address	1018 OLEANDER EAST
City-State-Zip:	LAKELAND FL 33801

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN R NICHOLS MANAGER 05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date