2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2022
Secretary of State
3393386348CC

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Entity Name: SABRE METALS OF FLORIDA, LLC

Current Principal Place of Business:

1100 CHARLES STREET
LONGWOOD, FL 32750

Current Mailing Address:

1100 CHARLES STREET
LONGWOOD, FL 32750 US

FEI Number: 82-4926999

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SNYDER, SHAWN C
7931 ORANGE DR
DAVIE, FL 33328 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	SASTRI, VENKI
Address	1100 CHARLES STREET
City-State-Zip:	LONGWOOD FL 32750

Title	MGR
Name	MAHABIR, DEREK
Address	CORNER OF PACIFIC AVE AND CARIBBEAN DR. PT LISAS INDUSTRIAL ESTATE
City-State-Zip:	TRINIDAD AND TOBAGO

Title	MGR
Name	MAHABIR, STUART
Address	CORNER OF PACIFIC AVE AND CARIBBEAN DR. PT LISAS INDUSTRIAL ESTATE
City-State-Zip:	TRINIDAD AND TOBAGO

Title	MGR
Name	SAMPATH, RUSSELL
Address	CORNER OF PACIFIC AVE AND CARIBBEAN DR. PT LISAS INDUSTRIAL ESTATE
City-State-Zip:	TRINIDAD AND TOBAGO

Title	MGR
Name	MAHABIR, DWIGHT
Address	CORNER OF PACIFIC AVE AND CARIBBEAN DR. PT LISAS INDUSTRIAL ESTATE
City-State-Zip:	TRINIDAD AND TOBAGO

Title	MGR
Name	GENERAL PACKAGING LIMITED
Address	CORNER OF PACIFIC AVE AND CARIBBEAN DR. PT LISAS INDUSTRIAL ESTATE
City-State-Zip:	TRINIDAD AND TOBAGO

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: VENKI SASTRI MANAGER 04/29/2022

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