

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000345122

**Entity Name:** DEPENDABLE PACKAGING AND SOLUTIONS, LLC

**Current Principal Place of Business:**

5255 NW 159TH STREET  
MIAMI, FL 33014

**Current Mailing Address:**

3300 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**FEI Number: 38-3747201**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROTHMAN, JACOB  
3300 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 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: JACOB ROTHMAN**

**12/22/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	CFO
Name	PAQUIN, CHARLES	Name	CROWELL, RON
Address	3300 PHILIPS HIGHWAY	Address	3300 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*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: RON CROWELL**

**CFO**

**12/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date