## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002737

Entity Name: ESSENTRA PLASTICS LLC

**Current Principal Place of Business:** 

TWO WESTBROOK CORPORATE CENTER

SUITE 200

WESTCHESTER, IL 60154

**Current Mailing Address:** 

TWO WESTBROOK CORPORATE CENTER

SUITE 200

WESTCHESTER, IL 60154 US

FEI Number: 59-2554195 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC 515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, FL 32301 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:

Date Electronic Signature of Registered Agent

**FILED** Feb 01, 2022

Secretary of State

7032027722CC

Authorized Person(s) Detail:

Title **PRESIDENT** Title SECRETARY Name FAWCETT, SCOTT Name REID, EMMA

TWO WESTBROOK CORPORATE TWO WESTBROOK CORPORATE Address Address

**CENTER CENTER** SUITE 200

SUITE 200

WESTCHESTER IL 60154 WESTCHESTER IL 60154 City-State-Zip: City-State-Zip:

Title **TREASURER** Title VP

PATEL, ANAI Name BURKE, JOAN Name

TWO WESTBROOK CORPORATE TWO WESTBROOK CORPORATE Address Address

CENTER CENTER SUITE 200 SUITE 200

City-State-Zip: WESTCHESTER IL 60154 City-State-Zip: WESTCHESTER IL 60154

Title **MANAGER** Title **MANAGER** Name FAWCETT, SCOTT Name BURKE, JOAN

TWO WESTBROOK CORPORATE TWO WESTBROOK CORPORATE Address Address

CENTER CENTER SUITE 200 SUITE 200

WESTCHESTER IL 60154 WESTCHESTER IL 60154 City-State-Zip: City-State-Zip:

Title MANAGER Title **MANAGER** Name REID. EMMA Name PATEL. ANAI

TWO WESTBROOK CORPORATE TWO WESTBROOK CORPORATE Address Address

CENTER CENTER SUITE 200 SUITE 200

WESTCHESTER IL 60154 WESTCHESTER IL 60154 City-State-Zip: City-State-Zip:

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.

02/01/2022 SIGNATURE: EMMA REID SECRETARY