

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005773

**Entity Name:** TRANSFORM MATERIALS LLC**Current Principal Place of Business:**7880 CENTRAL INDUSTRIAL DRIVE  
SUITE 201  
RIVIERA BEACH, FL 33404**Current Mailing Address:**7880 CENTRAL INDUSTRIAL DRIVE  
SUITE 201  
RIVIERA BEACH, FL 33404 US**FEI Number:** 47-1776808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CEO
Name	SOANE, DAVID
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

Title	MBR
Name	SOANE, DAVID
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

Title	TREASURER & CFO
Name	GROVES, MARTHA
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

Title	MBR
Name	CHERINGTON, CHARLES
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VICE PRESIDENT
Name	ASHCRAFT, NATHAN
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VICE PRESIDENT
Name	WEBB, SHARON
Address	7880 CENTRAL INDUSTRIAL DRIVE SUITE 201
City-State-Zip:	RIVIERA BEACH FL 33404

*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: MARTHA GROVES****CFO****01/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date