

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003007

**Entity Name:** ELIX POLYMERS AMERICAS LLC

**Current Principal Place of Business:**

2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
WESTON, FL 33331

**Current Mailing Address:**

2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
WESTON, FL 33331 US

**FEI Number:** 38-3988089

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
STE 4  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR, CEO  
Name CASTAÑEDA, DAVID  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

Title SECRETARY  
Name ALONSO, LUIS  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

Title VP  
Name CLAUSSEN, GERHALD  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

Title VP  
Name VIDAL, NARCIS  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

Title VP  
Name MULLER, KARL-HEINZ  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

Title VP  
Name VAZQUEZ, NOELIA  
Address 2813 EXECUTIVE PARK DRIVE, EX SUITE A-5  
City-State-Zip: WESTON FL 33331

*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:** DAVID CASTAÑEDA

**MANAGER**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date