

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001116

Entity Name: SEA STAR LINE, LLC**Current Principal Place of Business:**10550 DEERWOOD PARK BLVD., SUITE 509
JACKSONVILLE, FL 32256**Current Mailing Address:**10550 DEERWOOD PARK BLVD., SUITE 509
JACKSONVILLE, FL 32256**FEI Number:** 91-1929743**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 AUTHORIZED MEMBER
Name TOTE, INC.
Address 32001 32ND AVENUE SOUTH, SUITE 200
City-State-Zip: FEDERAL WAY WA 98001

Title VP HR
Name GASKILL, KAREN
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title VP COMMERCIAL SERVICES
Name PAGAN, EDUARDO
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title VP OPERATIONS
Name WAGSTAFF, JIM
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER
Name TAINO STAR INVESTMENT, INC.
Address 550 ROAD 5 LUCHETTI INDUSTRIAL PARK
MARGINAL OESTE
City-State-Zip: BAYAMON 00961

Title VP CARGO SERVICES
Name LISK, ALYSE
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title VP SALES
Name TAYLOR, WILLIAM
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER & ASST. SECRETARY
Name TAYLOR, BENJAMIN
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Continues on page 2

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: BENJAMIN TAYLOR**REGIONAL CONTROLLER** 03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SECRETARY
Name GIESE, STEVEN
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name CHIARELLO, ANTHONY
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title VP STRATEGIC PLANNING/YIELD
Name NICHOLSON, MICHAEL
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name NOLAN, TIMOTHY
Address 10550 DEERWOOD PARK BLVD., SUITE 509
City-State-Zip: JACKSONVILLE FL 32256