

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029124

Entity Name: ART FOAM INSULATION, LLC

FILED  
Apr 17, 2012  
Secretary of State

**Current Principal Place of Business:**

3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064

**New Mailing Address:**

FEI Number: 27-2121952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ADAK, TOLGA  
3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: ROCHA, ROOSEVELT M  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH, FL 33064

Title: CEO  
Name: DE SOUZA, REGINALDO A  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH., FL 33064

Title: MGRM  
Name: BEACH, JOHN W  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH, FL 33064

Title: P  
Name: ADAK, TOLGA  
Address: 3635 PARK CENTRAL BLVD N  
City-St-Zip: POMPANO BCH, FL 33064

Title: MGRM  
Name: GALVAN, GERARDO  
Address: 3635 PARK CENTRAL BLVD. N.  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TOLGA ADAK

P

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date