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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: LAPOLLA INDUSTRIES, INC.

(Name of Corporation)

DOCUMENT NUMBER: F05000002703

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R. LeMAIRE, ESQ.

(Name of Person)

SADER & LeMAIRE, P.A.

(Firm/Company)

1901 W. CYPRESS CREEK ROAD, SUITE 415

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL R. LeMAIRE, ESQ. at (954) 776-7004

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)	
(Maine of Corporation)	
F05000002703 (Document Number of Corporation (if known)	·
(Document Number of Corporation (if known)	
ARIZONA E Z	
(Incorporated Under Laws of) ☐ S S S S S S	U
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
15402 VANTAGE PARKWAY E., SUITE 322 (Mailing Address)	
HOUSTON, TX 77032	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	-
MICHAEL T. ADAMS DIRECTOR (Typed or printed name of person signing) (Title of person signing)	<u>.</u> .

FILING FEE \$35