

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109788

Entity Name: FOAM EFFECTS LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3945 MOORES STATION ROAD  
SANFORD, FL 32773

**New Principal Place of Business:**

2004 S. CEDAR AVE  
SANFORD, FL 32771

**Current Mailing Address:**

2425 GEIGEL AVE  
ORLANDO, FL 32806

**New Mailing Address:**

2004 S. CEDAR AVE.  
SANFORD, FL 32771

FEI Number: 26-1353062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALICAK, JOHN  
2425 GEIGEL AVE.  
ORLANDO, FL 32806 US

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

KALICAK, JOHN  
2004 S. CEDAR AVE  
SANFORD, FL 32771 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:

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: KALICAK, JOHN  
Address: 2004 S. CEDAR AVE.  
City-St-Zip: SANFORD, FL 32771

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: JOHN KALICAK

PRES

02/16/2010

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