

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028190

FILED
Mar 05, 2009
Secretary of State

Entity Name: ROYAL FOAM PROPERTIES, LLC

Current Principal Place of Business:

1333 HAINES STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1333 HAINES STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REINSCH, MARK A
2700 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

KULBAKA, VYACHESLAV
1333 HAINES ST
JACKSONVILLE, FL 32206 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: VYACHESLAV KULBAKA

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KULBAKA, VYACHESLAV
Address: 1333 HAINES STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: MGRM () Delete
Name: KULBAKA, VALENTYN
Address: 1333 HAINES STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: KULBAKA, VALENTYN
Address: 1333 HAINES STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP (X) Change () Addition
Name: KULBAKA, VYACHESLAV
Address: 1333 HAINES STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VYACHESLAV KULBAKA

VP

03/05/2009

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