L080000 61977

| (Requestor's Name) | | | | |
|---|-------------------|--------------|--|--|
| (Address) | | | | |
| (Add | dress) | | | |
| (City | //State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bus | siness Entity Nar | те) | | |
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

OCT 1 2 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Foam Comsultants, L.L. | |
| (Name of Limi | ted Liability Company) |
| The enclosed member, mamaging member or filing. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning to | this matter to: |
| Garry Suggs | |
| (Contact Person) | |
| Foam Consultants, IL.L.C | |
| (Firm#/Company) | |
| 2502 JMT Industrial Dr. Suite 10 | 6 |
| (Adddress) | . |
| Apopka, Fl. 32703 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | er, please call: |
| Garry Suggs | at (407) 399-2658 |
| (Name of Contactt Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable t | o the Florida Department of State for: |
| \$25 Filing Fee | ✓ \$55 Filing Fee & |
| | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as it ap | • | - |
|--|------------------------------------|-----------------------|----------------------------|
| of State is: FO | AM CONSULTANTS LIN | /IITED LIABILI | TY COMPANY |
| | | | |
| 2. This limited liab | ility company was organized und | ler the laws of: | |
| 3. The Florida docu <u>L08000061</u> | ment/registration number of this | limited liability con | npany is: |
| 4. I. Paul Wesle | еу | , hereby resign as a | Manager/Owner |
| | ame of Person Resigning) | . , , | (Print Title) |
| of this limited liab resignation in wri | pility company and affirm the lin | nited liability compa | ny has been notified of my |
| Paul | Wesles | | |
| Signature of Resig | ning Member, Managing Mem | ber or Manager | · |
| | | | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | o : |

CR2E079 (5/06)

SECRETARY OF STATE OF CORPORATIONS