L09000015714

1	•
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· . (B	usiness Entity Name)
, (C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	-
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	· ,

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IMPULSE MARKETING	LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or maining.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
CHRISTOPHER REINHOLD	
(Contact Person)	
en e	
(Firm/Company)	·
3985 GATEWAY CENTRE BLVD	
(Address)	
PINELLAS PARK, FLORIDA 3378	32
(City/State and Zip Code)	
For further information concerning this matter	, please call:
CHRISTOPHER REINHOLD	at 727 6432220
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, rionga 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

	it appears on the records of the Florida Department
of State is: IMPULSE MARKETING	LLC
2. This limited liability company was organized FLORIDA	under the laws of:
	·
3. The Florida document/registration number of L0900015714	this limited liability company is:
4.1, CHRISTOPHER REINHOLD	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
7 1 - ·	e limited liability company has been notified of my
resignation in writing.	,
1/ %	
- 11 - 1 (1.)	
Signature of Resigning Member, Managing M	ember or Manager
	J. VI
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)