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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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G. MCLEOD

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EXAMINER



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09/23/10--01008--019 **55.00

10 SEP.23 PM 1:08 SECRETARY OF STATE ALLAHASSEE, FLORIDA

10 SEP 23 PM 1: 0

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: IMPULSE MARKETING LLC	•
	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
MATTHEW ARGALL	
(Contact Person)	
(Firm/Company)	
3985 GATEWAY CENTRE BLVD	
(Address)	
PINELLAS PARK, FLORIDA 33782	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
MATTHEW ARGALL	at (727) 4883798
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	
\$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)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it appears of State is: IMPULSE MARKETING LLC	ears on the records of the Florida Department
2. This limited liability company was organized under FLORIDA	the laws of:
3. The Florida document/registration number of this li L09000015714	mited liability company is:
4. I, MATTHEW R ARGALL (Print Name of Person Resigning) of this limited liability company and affirm the limit resignation in whing.	hereby resign as a MGRM (Print Title) ed liability company has been notified of my
Signature of Resigning Member, Managing Member Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	10 SEP 23 PM 1: 01 SECRETARY OF STATIALLAHASSEE, FLORI