

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000029124

**FILED**  
**Nov 18, 2011**  
**Secretary of State**

**Entity Name:** ART FOAM INSULATION, LLC

**Current Principal Place of Business:**

3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064

**New Mailing Address:**

**FEI Number:** 27-2121952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAK, TOLGA  
3635 PARK CENTRAL BLVD  
POMPANO BCH, FL 33064 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: ROCHA, ROOSEVELT M  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH, FL 33064

Title: CEO  
Name: DE SOUZA, REGINALDO A  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH., FL 33064

Title: MGRM  
Name: BEACH, JOHN W  
Address: 3635 PARK CENTRAL BLVD  
City-St-Zip: POMPANO BCH, FL 33064

Title: P  
Name: ADAK, TOLGA  
Address: 3635 PARK CENTRAL BLVD N  
City-St-Zip: POMPANO BCH, FL 33064

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: TOLGA ADAK

PRES

11/18/2011

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