	<u> </u>			<u> </u>	_				
DOCUMENT # L9900007493 1. Entity Name THE FOAM DEPOT, L.L.C.						FILED			
Disabled Phase of Physics 2					\dashv	01 MAR 15 PM 3: 02			
Principal Place of Business Mailing Address 28000 SPANISH WELLS BLVD. 28000 SPANISH WELLS BLVD.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135						TALLAHASSE	Jr. > [A [E		
					,				
2. Principal P	3. Mailing Address	illing Address) (B4)(4))	ili Bütti ketti antis tanti a	***************************************		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	e	City & State			4. FEI N	lumber 59-3613379		Applied For Not Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
EURO-AMERICAN FINANCIAL SERVICES, INC. 28000 SPANISH WELLS BLVD.				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
	SPRINGS FL 34135				· · · · · ·				
				City	City FL Zip Code				
C. The shave	named entity submits this statement for t	the purpose of changing its	ragietar	ed office or registr	ered agent	or both, in the State of Flor			
8. The above	named entity submits this statement for	the ballbose of changing its	s register	ed office of registr	crea agoni,				
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registere	ad Agent signature requir	ed when reinstati	ng)	DATE		
	= = =			EEE IC 650 M					
		Make Check Pa		FEE IS \$50.00 to Department					
						ADDITIONS/	CHANGES		
9. TITLE	MANAGING MEMBER	RS/MEMBERS Delete	10. TITL			ADDITIONS/	CHANGES Chang	e Addition	
NAME	BB INTERNATIONAL OF NAPLES,		NAM	1				_	
STREET ADDRESS	28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135			EET ADDRESS Y-ST-ZIP			•		
CITY-ST-ZIP	BUNITA SPRINGS PL 34103	☐ Delete	-TITL				☐ Chang	je 🗌 Addition	
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STREET ADDRESS				EET ADDRESS Y-ST-ZIP		─U3/21 ※※※※	[/UI=~UIII4 KB 80 ***	**50.00	
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NAME		L. Desete	NAM			•			
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STREET ADDRESS				EET ADDRESS				į	
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NAME .		C Delete	NAM		•	なし			
STREET ADDRESS		•		EET ADDRESS		/			
CITY-ST TP	certify that the information supplied with t	hie filing does not qualify fo	or the eye	Y-ST-ZIP	Section 110	07(3)(i) Florida Statutes 1	further certify that th	e information	
indicated	pertry that the information supplied with to on this report is true and accurate and the bility company or the regeiver or trueteed	empowered to execute this	the sam	e legal effect as if	i made unde	r oath; that I am a managi	ing member or mana	iger of the	
0101147	TIPE MARKET	President		D)		2-28-01	594-0	910	
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OI	R AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone		