

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90198 001 ****50.00

DOCUMENT # L01000019305



1. Entity Name
THIES FAMILY LLC

Principal Place of Business

**THE ADMIRAL BUILDING
1645 SE 3RD COURT, SUITE 214
DEERFIELD BEACH FL 33441**

Mailing Address

**THE ADMIRAL BUILDING
1645 SE 3RD COURT, SUITE 214
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1153040**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THIES, WILLIAM F SR.
THE ADMIRAL BUILDING
1645 SE 3RD COURT, SUITE 214
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE Delete
NAME **MGRM**
STREET ADDRESS **THIES, WILLIAM F SR.**
CITY-ST-ZIP **1645 SE 3RD COURT, SUITE 214
DEERFIELD BEACH FL 33441**

TITLE Delete
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STREET ADDRESS
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10. ADDITIONS / CHANGES

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

William F. Thies
SIGNATURE REQUIRED

1-6-02

954-571-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)