

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041941

**Entity Name:** THOMSON IMAGING SERVICES, LLC**Current Principal Place of Business:**240 CRANDON BLVD  
OFFICE 286  
KEY BISCAYNE, FL 33149**Current Mailing Address:**318 GULF ROAD  
KEY BISCAYNE, FL 33149 US**FEI Number:** 33-1095019**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEWART AGENT SERVICES  
110 MERRICK WAY  
SUITE 3A  
CORAL GABLES, FL 33134 US*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**Authorized Person(s) Detail :**

Title	DIR
Name	STINSON, LOUIS JR.
Address	110 MERRICK WAY ,SUITE 3A
City-State-Zip:	CORAL GABLES FL 33134

Title	DIR
Name	HELLMUND, CARLOS E SR
Address	APARTADO 589
City-State-Zip:	CARACAS, VENEZUELA VE 1010--A

Title	DIR
Name	SAADE, JOSEPH
Address	240 CRANDON BLVD, # 275
City-State-Zip:	KEY BISCAYNE FL 33149

Title	PRES
Name	HELLMUND, CARLOS JR
Address	318 GULF ROAD
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIR
Name	SILEN, HECTOR
Address	1765 NOCATEE DRIVE
City-State-Zip:	MIAMI FL 33133

Title	DIR
Name	HELLMUND, ELISA C MS.
Address	APARTADO 589
City-State-Zip:	CARACAS, VENEZUELA VE 1010--A

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS HELLMUND**DIRECTOR****05/01/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date