

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098064

**Entity Name:** THOR OPTIONS LLC

**Current Principal Place of Business:**

33644 DOLORES COURT  
LEESBURG, FL 34788

**Current Mailing Address:**

33644 DOLORES COURT  
LEESBURG, FL 34788 US

**FEI Number:** 82-1474901

**Certificate of Status Desired:** No

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

GARCIA, FABIOLA  
33644 DOLORES COURT  
LEESBURG, FL 34788 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	P	Title	VP
Name	GARCIA, FABIOLA	Name	GARCIA, FABIOLA
Address	33644 DOLORES COURT	Address	33644 DOLORES COURT
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	LEESBURG FL 34788

*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:** FABIOLA GARCIA

**PRESIDENT VP**

**03/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date