

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90063 045 ****50.00

0030124

DOCUMENT # L00000000234

1. Entity Name

THOR GROUP, LLC

Principal Place of Business

**2640 W. 84TH STREET
HIALEAH FL 33016**

Mailing Address

**9050 PINES BLVD., 450-8
PEMBROKE PINES FL 33024**

2. Principal Place of Business

9050 Pines Blvd.

3. Mailing Address

9050 Pines Blvd.

Suite, Apt. #, etc.

Suite 450-10

Suite, Apt. #, etc.

450-10

City & State

Pembroke Pines, FL

City & State

Pembroke Pines

Zip

33024

Country

Broward

Zip

33024

Country

Broward

4. FEI Number

65-0970944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIDLOSCA, RANDALL L
1101 BRICKELL AVE
SUITE 1100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Luis R. Thielen**

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

C/O Thor Group

9050 Pines Blvd. Suite 450-10

City **Pembroke Pines**

FL

Zip Code

33024

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.

SIGNATURE

by/ Luis R. Thielen, MGR

2-7-02

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **THIELEN, LUIS**
STREET ADDRESS **2640 W. 84TH STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MNG.** ☒ Change ☐ Addition
NAME **THIELEN, Luis**
STREET ADDRESS **9050 Pines Blvd, ste 450-10**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

by/ Luis R. Thielen, MGR.

2-7-02

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

Date

Daytime Phone #

CR2E083 (9/01)