## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # L01000019305 1. Entity Name THIES FAMILY LLC Mailing Address Principal Place of Business THE ADMIRAL BUILDING 1645 SE 3RD COURT, SUITE 214 DEERFIELD BEACH FL 33441 THE ADMIRAL BUILDING 1645 SE 3RD COURT, SUITE 214 DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 65-1153040 Not Applicable Zισ Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIES, WILLIAM F SR. Street Address (P.O. Box Number is Not Acceptable) THE ADMIRAL BUILDING 1645 SE 3RD COURT, SUITE 214 DEERFIELD BEACH FL 33441 City 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 phinted name of registered agent and liftle 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ШЕ ☐ Change ☐ Addition ☐ Delete TITLE MGRM NAME NAME THIES, WILLIAM F SR. H00000737963 STREET ADDRESS STREET ADDRESS 1645 SE 3RD COURT, SUITE 214 05/11/07-80048-021 SO.00 CITY-ST-ZIP CITY-S1-ZIP DEERFIELD BEACH FL 33441 TITLE ☐ Delele Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7(P CITY ST-7iP Addition THILE Delete ☐ Change THIE 225 NAME STREET ADDRESS STREET ADDRESS CtTY+ST+7IP CITY-SI-7IP ШЩ Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP IIILE Defete Change ■ Addition TITLE NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-S1-7IP

11. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trusted empowered to execute this report as required by Chapter 608, Florida Statutes. JRE: WILLIAM F. THIES 4-23-07 954-571-5116
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Promy #

SIGNATURE:

FILED