


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90027 002 \*\*\*138.75

DOCUMENT # L02000010186					
1. Entity Name <b>THOR CAPITAL LC</b>					
Principal Place of Business <b>25 W CEDAR ST STE 313 PENSACOLA, FL 32502</b>			Mailing Address <b>PO BOX 111 PENSACOLA, FL 32591</b>		
2. Principal Place of Business - No P.O. Box # <b>220 S. PALAFOX PI</b>			3. Mailing Address <b>T</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PENSACOLA FL</b>			City & State		
Zip <b>32502</b>		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>MCALPIN, RICHARD A 25 W CEDAR ST STE 313 PENSACOLA, FL 32501</b>				7. Name and Address of New Registered Agent, Name <b>RICHARD R. MCALPIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 S. PALAFOX PI</b> City <b>PENSACOLA</b> FL Zip Code <b>32502</b>	
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. <b>4/7/08</b> SIGNATURE <b>R. McAlpin</b> DATE <b>4/7/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCALPIN, RICHARD R 25 W CEDAR ST STE 313 PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 111 PENSACOLA, FL 32591</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <b>R. McAlpin</b> <b>4/7/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					