

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90010 014 ****50.00

DOCUMENT # L02000010186

1. Entity Name

THOR CAPITAL LC



Principal Place of Business

205 E. INTENDENCIA
C/O RICHARD MCALPIN
PENSACOLA FL 32501

Mailing Address

205 E. INTENDENCIA
C/O RICHARD MCALPIN
PENSACOLA FL 32501

2. Principal Place of Business

25 W Cedar Street

3. Mailing Address

PO Box 111

Suite, Apt. #, etc.

Suite 313

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

USA

Zip

32591

Country

4. FEI Number

03-0456153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCALPIN, RICHARD A
205 E. INTENDENCIA
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name **Richard R. McAlpin**
Street Address (P.O. Box Number is Not Acceptable) **25 W Cedar St, Suite 313**

City

Pensacola

FL

Zip Code

32501

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

Richard R. McAlpin, Mr. Partner

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MCALPIN, RICHARD R**
STREET ADDRESS **205 E. INTENDENCIA**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **25 W Cedar Street, Suite 313**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
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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:

Richard R. McAlpin, Mr. Partner

2/24/03

(850) 432-1090

CR2E083 (10/02)