2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Dec 03, 2004
Secretary of State

DOCUMENT# L02000028192

Entity Name: THERMAL SOLUTION LLC

Current Principal Place of Business:

2853 EXECUTIVE PARK DR
SUITE 201
WESTON, FL 33331 US

New Principal Place of Business:

1290 WESTON RD
SUITE 214
WESTON, FL 33326 US

Current Mailing Address:

2853 EXECUTIVE PARK DR
SUITE 201
WESTON, FL 33331 US

New Mailing Address:

1290 WESTON RD
SUITE 214
WESTON, FL 33326 US

FEI Number: 13-4218380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANZANARES, EDUARDO A
4402 DOGWOOD CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MANZANARES, EDUARDO A
Address: 4402 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331 US

Title: MGR ( ) Delete
Name: BEILMANN, RICARDO
Address: 4460 BLOSSOM LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: EDUARDO A. MANZANARES MGRM 12/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date