

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028192

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: THERMAL SOLUTION LLC

**Current Principal Place of Business:**

1290 WESTON RD  
SUITE 214  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1290 WESTON RD  
SUITE 214  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 13-4218380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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/MANAGERS:**

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 US

Title: MGR ( ) Delete  
Name: DELFINO, EDUARDO A  
Address: 491 RACQUET CLUB RD, # 312  
City-St-Zip: WESTON, FL 33326 US

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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

01/23/2006

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