

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028192

Entity Name: THERMAL SOLUTION LLC

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

1290 WESTON RD
SUITE 214
WESTON, FL 33326 US

Current 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 ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

1040 WESTON RD
SUITE 315
WESTON, FL 33326 US

New Mailing Address:

1040 WESTON RD
SUITE 315
WESTON, FL 33326 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 (X) 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 MANZANARES

MGRM

02/08/2007

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