

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000088918

1. Entity Name  
THEME MEDICS, LLC



Principal Place of Business  
7720 LATROBE COURT  
BRADENTON, FL 34202

Mailing Address  
7720 LATROBE COURT  
BRADENTON, FL 34202

2. Principal Place of Business - No P.O. Box #  
6926 BRIAR CREEK CT

3. Mailing Address  
6926 BRIAR CREEK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BRADENTON, FL

City & State  
BRADENTON, FL

Zip  
34202

Country  
U.S.

Zip  
34202

Country  
U.S.

09252007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-8228712

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MILTON, RONALD  
7720 LATROBE COURT  
BRADENTON, FL 34202

## 7. Name and Address of New Registered Agent

Name  
COWLES, LA SHA

Street Address (P.O. Box Number is Not Acceptable)

6926 BRIAR CREEK CT

City  
BRADENTON

FL

Zip Code  
34202

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.

LA SHA COWLES

/ / 07

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MILTON, RONALD  
7720 LATROBE COURT  
BRADENTON, FL 34202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500110973055  
10/19/07--01003--003 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
COWLES, LA SHA  
6926 BRIAR CREEK CT  
BRADENTON, FL 34202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*LaSha Cowles* 10-3-07 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 606, Florida Statutes.

LA SHA COWLES

MGRM

SIGNATURE:

*LaSha Cowles* 10/13/07 863-698-8643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2007 OCT 19 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

