## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095941  1. Entity Name INDUSTRIAL MECHANICAL SYSTEMS, LLC			0	7 MAY -9 P	M 2.50		
Principal Place of Business 1181 SOUTH ROGERS CIRCLE #25 BOCA RATON, FL 33487 US	TH ROGERS CIRCLE 1181 SOUTH ROGERS CI #25		4	CKETARY O LAHASSEE.		<b>1889</b> ) (184 <b>0</b> )	
2. Principal Place of Business - No P.O. Box # 4485 Stirling Road							
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210		05082007	Chg-LLC	CR2E083 (12/06)		
City & State Dania, FL	City & State Dania, FL		4. FEI Numb 20-354		\ <del></del> ↓-	pplied For lot Applicable	
33314 Country USA	Zip 33314	Country USA	5. Certificati	e of Status Desired	S5.00 Ad Fee Require		
BRUCE, JOHN 1181 SOUTH ROGERS CIRCLE #25 BOCA RATON, FL 33487  8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	Street Ad 448 Sui City Dar		Road	FL Zip Co	3314	
Filing Fee is \$50.00 Due by September 14, 2007	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.  (NOTE: Registered agent and title if applicable.  (NOTE: Registered agent and title if applicable.		egistated Agent signature required when reinstating) $Boldsymbol{K}$		DATE  Make check payable to Florida Department of State		
9. MANAGING MEMBER  TITLE P NAME BRUCE, JOHN STREET ADDRESS 1181 SOUTH ROGERS CIRCLE CITY-ST-ZIP BOCA RATON, FL 33487	S/MANAGERS  Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE, JOH 4485 Stirl Dania, FL	ing Road St		Addition	
ITITE CFO NAME RUZYCKI, BRAD STREET ADDRESS 1181 SOUTH ROGERS CIRCLE CITY-ST-ZIP BOCA RATON, FL 33487	Defete	NAME STREET ADDRESS CITY-ST-ZIP		HIN, ADAM 35 Stirling Road Suite 210 nia, FL 33314			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP		70010:		Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or trustee  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF	that my signature shall have empowered to execute this	the same legal effect report as required by	ot as if made under oa by Chapter 608, Florida	th: that I am a mana	further certify that the in ging member or manage 95 4-445	ger of the	

ACCOUNT NO. : 072100000032

REFERENCE :

5014227

AUTHORIZATION

COST LIMIT

ORDER DATE: May 9, 2007

ORDER TIME: 10:46 AM

ORDER NO. : 890119-005

CUSTOMER NO: 5014227

## ANNUAL REPORT FILING

NAME:

INDUSTRIAL MECHANICAL SYSTEMS,

LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CARINA DUNLAP EXT 2951

EXAMINER'S INITIALS: