


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 14, 2007 8:00 am
Secretary of State

08-30-2007 90066 013 ****50.00

DOCUMENT # L06000007399					
1. Entity Name: NW FL. THERMOGRAPHIC CONSULTING LLC					
Principal Place of Business 3736 TIGER POINT BLVD GULF BREEZE FL 32563 US			Mailing Address 3736 TIGER POINT BLVD GULF BREEZE FL 32563 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 55-0914060	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIFFEN, RALPH 3736 TIGER POINT BLVD GULF BREEZE FL 32563			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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.					
SIGNATURE _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFEN, RALPH		NAME		
STREET ADDRESS	3736 TIGER POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32563		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFEN, SANDRA		NAME		
STREET ADDRESS	3736 TIGER POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32563		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 608, Florida Statutes.					
SIGNATURE: <i>Ralph Griffen</i> RALPH GRIFFEN		8-13-07		932-4272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	