2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # L06000066242 . 1. Entity Name 01-31-2007 90086 040 ****50.00 THEISS ENGINEERING LLC Principal Place of Business Mailing Address 2244 MAURITANIA ROAD PUNTA GORDA FL 33983 2244 MAURITANIA ROAD PUNTA GORDA FL 33983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For Not Applicable Zip Country 7in Country \$5.00.Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo THEISS, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) 2244 MAURITANIA ROAD PUNTA GORDA FL 33983 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES mu DILE **MGRM** ☐ Defete Change ☐ Addition NAME THEISS, NICHOLAS J NAME STREET ADDRESS STREET ADDRESS 2244 MAURITANIA ROAD CITY-SI-ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS COTY-SI-ZIP CITY-ST-ZIP THEF BHE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP TITLE ☐ Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED