2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 06, 2008 08:00 All Secretary of State DOCUMENT # L06000066242 1. Entity Name THEISS ENGINEERING LLC Principal Place of Business Mailing Address 2244 MAURITANIA ROAD 2244 MAURITANIA ROAD PUNTA GORDA FL 33983 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 (10/07) City & State City & State 4. FEI Number Applied For 34-1971544 Not Applicable Zip Country Zip 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 Name THEISS, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) 2244 MAURITANIA ROAD PUNTA GORDA FL 33983 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, typed or priored name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delête TITLE Change Addition NAME THEISS, NICHOLAS J NĂME STREET ADDRESS 2244 MAURITANIA ROAD STREET ADDRESS CfTY-ST-7/P CITY - ST- 7IP PUNTA GORDA FL 33983 TITLE ☐ Delete TITLE U000000818246 Change Addition HAME NAME 02/15/08-80035-010 138.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY+St-7iP Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 11. Thereby 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.

SIGNATURE: Mullas 1 1/4 0 0 2/01/2008 941-625-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE COLO CAPITAL DE CONTROL DE CO