

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90071 036 \*\*\*138.75

<b>DOCUMENT # L07000004133</b> 1. Entity Name <b>THERMA SEAL SPRAY FOAM INSULATION SYSTEMS, LLC</b>					
Principal Place of Business <b>1011 FAIRFIELD DRIVE WEST PALM BEACH, FL 33407</b>			Mailing Address <b>1011 FAIRFIELD DRIVE WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-8241387</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FINCK, JAMES 1011 FAIRFIELD DRIVE WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <span style="float: right;">1-18-08</span> <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITY MORTGAGE SERVICES INC. 1011 FAIRFIELD DRIVE WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THERMA SEAL ROOF SYSTEMS, INC. 1011 FAIRFIELD DRIVE WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
<b>SIGNATURE:</b> <b>James Finck</b> <span style="float: right;">1/2/08 561-775-9703</span> <small>SIGNATURE AND TITLE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					