

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004133

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** THERMA SEAL SPRAY FOAM INSULATION SYSTEMS, LLC

**Current Principal Place of Business:**

1011 FAIRFIELD DRIVE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

1011 FAIRFIELD DRIVE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408

**FEI Number:** 20-8241387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINCK, JAMES  
1011 FAIRFIELD DRIVE  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

FINCK, JAMES  
631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: JAMES FINCK

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CITY MORTGAGE SERVICES INC.  
Address: 1011 FAIRFIELD DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CITY MORTGAGE SERVICES INC.  
Address: 631 US HWY 1 #401  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES FINCK

OWNE

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date