

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000004133

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**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  
631 US HWY 1  
401  
NORTH PALM BEACH, FL 33408 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
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 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

PRES

04/23/2010

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