

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP -5 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000007161			
1. Entity Name THERMOGRAPHY, LLC			
Principal Place of Business 521 EAST LAS OLAS BLVD FT LAUDERDALE, FL 33301		Mailing Address 521 EAST LAS OLAS BLVD FT LAUDERDALE, FL 33301	
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

4. FEI Number 68-0642948 Company	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 000135981880
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE 09/16/08 *\$130.75

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ 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.

SIGNATURE: SECRETARY 9/6/08 (904) 647-6811
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Office Phone #

L07000007161

Annual Report Filing
Doc#L07000007161

Member
Travis Wyatt
521 E Las Olas Blvd
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Member
Jeffrey De La Cruz
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