

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124863

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** THERMO TRANSFER TECHNOLOGY, LLC

**Current Principal Place of Business:**

4491 62ND AVE. N.  
210  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

219 15TH AVE. NORTH  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 45-3722358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRAND, BRIAN D  
5550 BEE RIDGE RD  
SUITE 2  
SARASOTA, FL 34233 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:** HARDING, JACK B  
**Address:** 219 15TH AVE N  
**City-St-Zip:** ST PETERSBURG, FL 33704

**Title:** MGRM  
**Name:** HARDING, RALPH A  
**Address:** 2201 PINE VIEW CIRCLE  
**City-St-Zip:** SARASOTA, FL 34231

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:** JACK B HARDING

PRES

02/01/2012

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