

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90013 036 \*\*\*\*50.00

**DOCUMENT # M03000002175**

1. Entity Name  
THI OF FLORIDA, LLC



Principal Place of Business  
930 RIDGEBROOK RD.  
SPARKS, MD 21152

Mailing Address  
930 RIDGEBROOK RD.  
SPARKS, MD 21152

**60053364**



07052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0042083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BENNETT, W. BRADLEY
STREET ADDRESS	930 RIDGEBROOK RD.
CITY-ST-ZIP	SPARKS, MD 21152
TITLE	MGR
NAME	WARLOW, MELISSA
STREET ADDRESS	930 RIDGEBROOK RD.
CITY-ST-ZIP	SPARKS, MD 21152
TITLE	MGR
NAME	FULCHINO, MARK
STREET ADDRESS	930 RIDGEBROOK RD
CITY-ST-ZIP	SPARKS, MD 21152
TITLE	MGR
NAME	Trimble, Heidi
STREET ADDRESS	930 Ridgebrook Rd
CITY-ST-ZIP	Sparks MD 21152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-20-07

Date

410-773-1000

Daytime Phone #