

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041941

Entity Name: THOMSON IMAGING SERVICES, LLC**Current Principal Place of Business:**240 CRANDON BLVD
OFFICE 281
KEY BISCAYNE, FL 33149**Current Mailing Address:**318 GULF ROAD
KEY BISCAYNE, FL 33149 US**FEI Number:** 33-1095019**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEWART AGENT SERVICES LLC
110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134 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:** LOUIS STINSON, JR.**01/26/2018**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIR
Name STINSON, LOUIS JR.
Address 110 MERRICK WAY ,SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

Title DIR
Name HELLMUND, CARLOS E SR
Address APARTADO 589
City-State-Zip: CARACAS, VENEZUELA VE 1010--A

Title DIR
Name SAADE, JOSEPH
Address 240 CRANDON BLVD, # 275
City-State-Zip: KEY BISCAYNE FL 33149

Title PRES
Name HELLMUND, CARLOS JR
Address 318 GULF ROAD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIR
Name SILEN, HECTOR
Address 1765 NOCATEE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIR
Name HELLMUND, ELISA C MS.
Address APARTADO 589
City-State-Zip: CARACAS, VENEZUELA VE 1010--A

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS HELLMUND**PRESIDENT****01/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date