

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041941

**FILED**  
**Jan 26, 2018**  
**Secretary of State**  
**CC4742510127**

**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