

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001780

**Entity Name:** NVENT THERMAL LLC

**Current Principal Place of Business:**

899 BROADWAY STREET  
REDWOOD CITY, CA 94063

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**6068893086CC**

**Current Mailing Address:**

1665 UTICA AVENUE, SUITE 700  
SAINT LOUIS PARK, MN 55416 US

**FEI Number:** 65-1007284

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, VP, FINANCE  
Name           KRUTZIG, TYLER  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

Title           MANAGER  
Name           LAMMERS, JON  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

Title           MANAGER, PRESIDENT, TREASURER  
Name           WACKER, RANDOLPH  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

Title           SECRETARY  
Name           FULLERTON, SHAWNA  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

Title           ASSISTANT SECRETARY  
Name           MCGOWAN, JENNA  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

Title           VICE PRESIDENT - ENGINEERING &  
                  QUALIFICATION  
Name           SALDARRIAGA, GUSTAVO  
Address        1665 UTICA AVENUE, SUITE 700  
City-State-Zip: SAINT LOUIS PARK MN 55416

*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:** SHAWNA FULLERTON

**SECRETARY**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date