

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90307 011 \*\*\*138.75

<b>DOCUMENT # L06000115479</b> 1. Entity Name <b>RODEABULL INSPECTIONS, LLC</b>			
Principal Place of Business <b>8050 N. TINY LILY DRIVE CITRUS SPRINGS, FL 34434</b>		Mailing Address <b>8050 N. TINY LILY DRIVE CITRUS SPRINGS, FL 34434</b>	
2. Principal Place of Business - No P.O. Box # <b>8050 N Tiny Lily Dr</b>		3. Mailing Address <b>8050 N Tiny Lily Dr</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Citrus Springs</b>		City & State <b>Citrus Springs</b>	
Zip <b>34434</b>		Country <b>Citrus County</b>	
Zip <b>34434</b>		Country 	
<b>6. Name and Address of Current Registered Agent</b>  <b>GOTTLIEB, BRUCE M 125 NORTH 46TH AVE. HOLLYWOOD, FL 33021</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Michael Levine</b> Street Address (P.O. Box Number is Not Acceptable) <b>8050 N. TINY L</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEVINE, MICHAEL E 8050 N. TINY LILY DRIVE CITRUS SPRINGS, FL 34434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Michael Levine</i>		<b>4-15-08 B52465 7974</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	