

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2008 8:00 am**  
**Secretary of State**

07-08-2008 90026 003 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L06000122067</b>                      |  |
| 1. Entity Name<br>ENVIRONMENTAL PROBE SERVICES, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>1331 INDIAN HILLS ROAD<br>MONTICELLO, FL 32344 US | Mailing Address<br>1331 INDIAN HILLS ROAD<br>MONTICELLO, FL 32344 US |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

07062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 208142028 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                   |  |
| BEDSOLE, KARL V<br>1331 INDIAN HILLS ROAD<br>MONTICELLO, FL 32344 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | 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 _____   |  |  |

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|--|--|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS / MANAGERS                     |  | 10. ADDITIONS / CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BEDSOLE, KARL V<br>1331 INDIAN HILLS ROAD<br>MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |
| SIGNATURE: <u>Karl V Bedsole</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  | Date <u>7/6/08</u> Daytime Phone # <u>850-779-6168</u> |