

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042296

Entity Name: BUST-ME-OUT BAIL BONDS L.L.C.

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

15215 COLLIER BLVD  
SUITE 311,UNIT204  
NAPLES, FL 34119 US

**New Principal Place of Business:**

4110 ENTERPRISE AVE  
SUITE 100  
NAPLES, FL 34104 US

**Current Mailing Address:**

15215 COLLIER BLVD  
SUITE 311,UNIT204  
NAPLES, FL 34119 US

**New Mailing Address:**

7550 MISSION HILLS DRIVE  
SUITE 306 PMB 100  
NAPLES, FL 34119 US

FEI Number: 83-0481002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINARES, ROBERT  
15215 COLLIER BLVD  
SUITE 311,UNIT204  
NAPLES, FL 34119 US

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

LINARES, ROBERT  
7550 MISSION HILLS DRIVE  
SUITE 306  
PMB 100, FL 34119 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: ROBERT LINARES

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINARES, CINDY  
Address: 15215 COLLIER BLVD SUITE 311,UNIT204  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LINARES, CINDY  
Address: 7550 MISSION HILLS DRIVE STE 306 PMB 100  
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CINDY LINARES

MGR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date