2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # L07000046868 1. Entity Name BOSSE INSPECTION SERVICES LLC						04-11-2008	90183 044 ***1:	
Principal Place of Business 118 LAMONTE STREET EDGEWATER, FL 32132 US		Mailing Address 118 LAMONTE STREET EDGEWATER, FL 32132 US			ELIY (88)) 68)Y 88;JI 88)J			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	04032008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Number	-01529	.	pplied For ot Applicable
Zip	Country	Zip	Count	ry		f Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Re	egistered Agent	
			ļ	Name				
LYBRAND, CYNTHIA M 728 CANAL STREET NEW SMYRNA BEACH, FL 32168				Street Address	(P.O. Box Number is Not Acceptable)			
*								
	,			City			FL Zip Coo	de
	named entity submits this statement fillions of registered agent.					, in the State of Flor	, es	and accept
	Signature, typed or printed name of registered agent NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		L: Registered	Mgerii sigirailute reduxe	d when reinstating)	Make . Florida	check payable to Department of Stat	te Livin
FILE	NOW!!! FEE IS \$138.75	75	10.	wigen signature reduce	d when renstating)	Make Florida	e check payable to Department of Stat	te Li vá
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FILE After May 9. TITLE NAME STREET ADDRESS	MOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.7 MANAGING MEMB MGRM BOSSE, MICHAEL A 118 LAMONTE STREET	ERS/MANAGERS	10. TITLE NAME STREE	a Address	d when remstating)	. Florida	e check payable to Department of State CHANGES	
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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: Mulkey & Bosse Michael A. Bosse
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date