

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

04-30-2008 90019 004 ***138.75

DOCUMENT # L07000057644

1. Entity Name
RODES INVESTMENT, LLC



Principal Place of Business
**242 FIFTH AVENUE
INDIALANTIC, FL 32903 US**

Mailing Address
**242 FIFTH AVENUE
INDIALANTIC, FL 32903 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
PO Box 33307
Suite, Apt. #, etc.

City & State
Indialantic, FL 32903

Zip Country
Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R
1800 W. HIBISCUS BOULEVARD
SUITE 138
MELBOURNE, FL 32901**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR COCHRAN, ROBERT L SR. 242 FIFTH AVENUE INDIALANTIC, FL 32903 <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.

SIGNATURE: Robert L. Cochran **4-16-08** **321-723 0406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
30007809
~~#C07000057644~~
RODES INVESTMENT, LLC.
P.O. BOX 33307
INDIALANTIC, FL 32903
321-723-0406

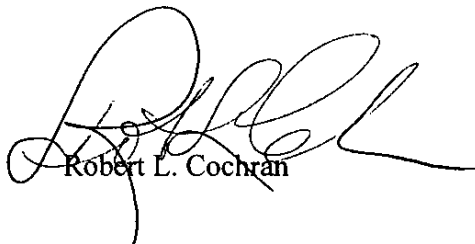
May 22, 2008

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

To Whom It May Concern:

This company is a LLC and therefore does not need a FEI number. We have marked "Not Applicable" in Block 4. We overlooked it originally.

Thank you,


Robert L. Cochran