

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90045 003 \*\*\*138.75

**DOCUMENT # L03000046498**

1. Entity Name  
**PRECISION MARKETING & PROMOTIONS, LLC**



Principal Place of Business  
**2019 WEST PLATT STREET  
TAMPA, FL 33606**

Mailing Address  
**701 S. HOWARD AVE #106-388  
TAMPA, FL 33606**

**60030174**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2019 W Platt St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

**Tampa FL**

4. FEI Number

**41-2123644**

Applied For

Not Applicable

Zip

Country

Zip

**33606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, THOMAS  
2019 WEST PLATT STREET  
TAMPA, FL 33606**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	MGRM	<input type="checkbox"/> Delete
NAME	ORTIZ, THOMAS	
STREET ADDRESS	2019 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCOTT, CHRISTOPHER	
STREET ADDRESS	2019 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HANNOUCHE, PETER	
STREET ADDRESS	2019 WEST PLATT STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Christopher Scott**

**04/25/08**

**8132590136**

Date

Daytime Phone #