

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000052335

Entity Name: PRETEC DIRECTIONAL DRILLING, LLC**Current Principal Place of Business:**800 SOUTH DOUGLAS ROAD
#1200
CORAL GABLES, FL 33134**Current Mailing Address:**800 SOUTH DOUGLAS ROAD
#1200
CORAL GABLES, FL 33134 US**FEI Number:** 81-2154750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER
Name MP DRILLING HOLDINGS, LLC
Address 800 SOUTH DOUGLAS ROAD #1200
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, VP
Name APPLE, ROBERT
Address 800 SOUTH DOUGLAS ROAD
#1200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name POTEETE, ROBERT
Address 3314 56TH STREET
City-State-Zip: EAU CLAIRE WI 54703

Title PRESIDENT
Name ROONEY, STEVEN
Address 3314 56TH ST
City-State-Zip: EAU CLAIRE WI 54073

Title TREASURER
Name DIMARCO, PAUL
Address 800 SOUTH DOUGLAS ROAD
#1200
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name DE CARDENAS, ALBERTO
Address 800 SOUTH DOUGLAS ROAD
#1200
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name ALVAREZ, PABLO
Address 800 SOUTH DOUGLAS ROAD
#1200
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO DE CARDENAS**SECRETARY****04/17/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date