| 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: ALESSANDRA C MILLER

Electronic Signature of Signing Authorized Person(s) Detail

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: PRECISE HOME INSPECTION SERVICES LLC

# **Current Principal Place of Business:**

8200 NW 41ST STREET #200 DORAL, FL 33166

#### **Current Mailing Address:**

DOCUMENT# L17000254147

PO BOX 660595 MIAMI, FL 33266 US

### FEI Number: 82-4207582

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

PRECISE HOME INSPECTION SERVICES 8200 NW 41ST STREET #200 DORAL, FL 33166 US

City-State-Zip: DORAL FL 33166

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.

|                               |            |                             | , ,           | 000  |       | 0 0 /                       |            |
|-------------------------------|------------|-----------------------------|---------------|------|-------|-----------------------------|------------|
|                               | SIGNATURE: | GLORIA CORDOVES             | 5             |      |       |                             | 01/27/2020 |
|                               |            | Electronic Signature of Reg | istered Agent |      |       |                             | Date       |
| Authorized Person(s) Detail : |            |                             |               |      |       |                             |            |
|                               | Title M    | MGR                         |               | Titl | le    | MGR                         |            |
|                               | Name C     | CORDOVES, GLORIA            |               | Na   | me    | MILLER, ALESSANDRA C        |            |
|                               |            | 3200 NW 41ST STREET<br>#200 |               | Ad   | dress | 8200 NW 41ST STREET<br>#200 |            |

City-State-Zip: DORAL FL 33166

MGR

## FILED Jan 27, 2020 Secretary of State 8266436744CC

Certificate of Status Desired: No

01/27/2020 Date