

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000079006

Entity Name: PRECISION FABRICATION SERVICES, 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**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
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 | MGR, VP |
| Name | APPLE, ROBERT E |
| Address | 800 SOUTH DOUGLAS ROAD #1200 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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

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|-----------------|---------------------|
| Title | PRESIDENT |
| Name | ROONEY, STEVE |
| Address | 3314 56TH STREET |
| City-State-Zip: | EAU CLAIRE WI 54703 |

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

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|-----------------|---------------------|
| Title | VP |
| Name | SCHULTZ, JOSHUA |
| Address | 3314 56TH STREET |
| City-State-Zip: | EAU CLAIRE WI 54703 |

| | |
|-----------------|---------------------------------|
| Title | SECRETARY |
| Name | DE CARDENAS, ALBERTO |
| 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