LIMITED LIABILITY COMPANY

UNIFORM BUSINI	ESS REPORT	(UBR))
DOCUMENT # 1,0000 1. Entity Name PRECISION DEVE	1 -	nar	PLIC. 02 OCT 15 AM 11:54
DO NOT WRITE IN THIS SPACE			TALLAHASSEE, FLORIDA
2. Principal Place of Business 102 NE 2ND STREET Suite, April etc. 285	3. Mailing Address 102 NE 2 S Suite, Apt # etc.	·	DO NOT WRITE IN THIS SPACE
City & State BOCA PATON FLORIDA Zip 33432 Country BEACI	City & State BOCA RAZAN FU Zip. 33432	Country Bea	
DO NOT WRITE IN THIS SPACE		Name	7. Name and Address of Current Registered Agent
3. The above named entity submits his statement for SIGNATURE		City B	BOCA RATON FL Zip Code 33 N3 2 e or registered agent, or both, in the State of Florida.
Signature, typed or printed name of registored agent a	FEE Make Check Payab DUE	E IS \$50.00 ble to Depart E BY-MAY 1	artment of State
MANAGING MEMBEI TLE THERM AME PABIO KAHAN REET ADDRESS 102'NG 2ND STREET #F TY-ST-ZIP BOCA RATON FL 3	-285	TITLE NAME STREET ADDRESS CFTY-ST-ZIP	100008375091- -10/15/0201053002
ILE ME REET ADORESS IY-ST-ZIP LE		TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE	S S
ME REET ADDRESS TY-ST-ZIP LE		NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE
ME REET ADDRESS IY-ST-ZIP LE		NAME STREET ADDRESS CITY-ST-ZIP TITLE	IN THIS SPACE
ME REET ADDRESS Y- ST-ZIP LE ME		NAME STREET ADDRESS CITY-ST-ZIP	Lin .X
AEET ADDRESS Y-ST-ZIP I hereby certify that the information supplied with it indicated on this report is true and accurate and the	his filing does not qualify for the east my stood trocking the	NAME STREET ADDRESS CITY-ST-ZIP Exemption state	ated in Section 119.07(3)(i). Florida Statutes. I further certify that the information
imited liability company or the receiver of trustee of imited liability company or the receiver of trustee of		· ·	9C7 8 2002 - 561 942 2000

Daytime Phone #