

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90039 032 \*\*\*\*50.00

**DOCUMENT # L02000030776**

1. Entity Name  
**PRECISION CARPET AND UPHOLSTERY CLEANING LLC**



Principal Place of Business  
**665 SE 10TH STREET  
SUITE 201  
DEERFIELD BECH, FL 33441**

Mailing Address  
**665 SE 10TH ST  
SUITE 201  
DEERFIELD BEACH, FL 33441**

**60032263**



03312007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2302861</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DICRESCENZO, ANGELA  
665 SE 10TH ST  
SUITE 201  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ANGELA, DICRESCENZO D 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RONALD, DICRESCENZO A 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RAY, JOHNSON C 4957 NW 92ND AVENUE SUNRISE, FL 33351</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Angela Dicrescenzo* **3/31/2007**