

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 033 ****55.00

DOCUMENT # **L03000016274**
1. Entity Name **PRECISION SURFACES, LLC**



DO NOT WRITE IN THIS SPACE

24038518

2. Principal Place of Business
50 South Dixie Hwy.

3. Mailing Address
258 HARBOR DRIVE

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State
PALATKA FL

4. FEI Number
16-1671640

Applied For
Not Applicable

Zip
32084

Country
USA

Zip
32177

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID JAMES GUGAL

Street Address (P.O. Box Number is Not Acceptable)
258 HARBOR DRIVE

City
PALATKA

FL

Zip Code
32177

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID JAMES GUGAL 258 HARBOR DRIVE PALATKA FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JILL C. COLLINS GUGAL 258 HARBOR DRIVE PALATKA FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

David J. Gugal