

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036353

1. Entity Name  
PRECISION TOOL AND DIE, LLC



Principal Place of Business  
4450 ENTERPRISE CT.  
E  
MELBOURNE, FL 32934

Mailing Address  
4450 ENTERPRISE CT.  
E  
MELBOURNE, FL 32934

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-0071844

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

D'ERRICO, BRUNP G  
622 CEDARSIDE WAY  
MELBOURNE, FL 32940-1730

**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

9-7-08

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	D'ERRICO, JO-ANN B
STREET ADDRESS	622 CEDARSIDE WAY
CITY-ST-ZIP	MELBOURNE, FL 329401730
TITLE	MGRM
NAME	D'ERRICO, BRUNO G
STREET ADDRESS	622 CEDARSIDE WAY
CITY-ST-ZIP	MELBOURNE, FL 329401730
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**

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 #

9-7-08