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

DOCUMENT # 104000018557 1. Entir Name

1. Entir Name

Precision LAWN & MAINIENANCE

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DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3. Mailing Address 321 Pine LN 321 Pine	140		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  CAMPOND VILLE		DO NOT WRITE IN THIS SPACE	
City & State  CNAW FONDVILLE FC FC		4 FEI Number	Applied For Not Applicable
312327 Country 5. 312327	Country US	5. Certificate of Status Desired	\$5.00 Additional Fee Required
Name 30		7. Name and Address of Current Registered Agent  OC (PO)  SS (P.O. Box Number is Not Acceptable)	
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 the if applicable.			
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1			
MANAGING MEMBERS/MANAGERS  TITLE GPN 300 GLENN	TITLE		. 160
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11. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the	e exemption stated in Se same legal effect as if	Section 119.07(3)(i), Florida Statutes, I furth	er certify that the information

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, MANAGER, OR AUTHORIZED REPRESENTATIVE