

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L04000018557**

1. Entity Name

**Precision LAWN & MAINTENANCE
LLC**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 31 AM 9:45

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2. Principal Place of Business

321 Pine LN

Suite, Apt. #, etc.

3. Mailing Address

321 Pine LN

Suite, Apt. #, etc.

CRAWFORDVILLE

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5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name **Joe Glenn**

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

321 Pine LN

City & State

CRAWFORDVILLE FL

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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.

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

City & State

321 Pine LN

City & State

CRAWFORDVILLE FL 32327

City & State

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