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SECULTARY OF STATES



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Extenors LUC. (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shape D. Willems (Name of Person)
Precision Extenors, LC. (Firm/Company)
494 SW Blaylock Ct (Address)
(Address) IAKE CITY FC 32024 (City/State and Zip Code)
For further information concerning this matter, please call:
Becky Laughlin at (386) 1023-4811 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
S25 Filing Fee S55 Filing Fee & Certified Copy CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Shane D. Willems , hereby resign as Manager (Title)		
of <u>Precision Extenors 11C</u> (Limited Liability Company)		3
a limited liability company organized under the laws of the State of Flonda		<u>۔</u>
and affirm that the limited liability company has been notified in writing of the resignation.		
	2006 SEP 18 PM 1	SECRETARY OF ST DIVISION OF STATE OF

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314