

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056589

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** PRECISION PORTING AND COATINGS, LLC

**Current Principal Place of Business:**

9349 DENTON AVENUE  
UNIT #7  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

9349 DENTON AVENUE  
UNIT #7  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 20-1404552      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MORREALE, ROBERT  
10452 FORDHAM STREET  
SPRING HILL, FL 34608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORREALE, ROBERT  
Address: 10452 FORDHAM STREET  
City-St-Zip: SPRING HILL, FL 34608

Title: MGR ( ) Delete  
Name: NEVILLE, LARRY  
Address: 20845 DIAMONTE DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT MORREALE

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date