

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068433

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** PRECISION SERVICES LLC

**Current Principal Place of Business:**

1765 NW 60 AVE  
OCALA, FL 34482 MA

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 772273  
OCALA, FL 34477 MA

**New Mailing Address:**

**FEI Number:** 42-1658151      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SAUNDERS, SUZANNE S  
14 NEEDLES DR.  
OCALA, FL 34482 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/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** SAUNDERS, JOHN R  
**Address:** 14 NEEDLES DRIVE  
**City-St-Zip:** OCALA, FL 34482 MA

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** JOHN R. SAUNDERS

MGR

04/29/2005

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