

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077064

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Entity Name:** PRECISION FLITE SOLUTIONS, LLC

**Current Principal Place of Business:**

307 CHIPOLA DR.  
DELAND, FL 85743

**New Principal Place of Business:**

307 CHIPOLA DR.  
DELAND, FL 32720

**Current Mailing Address:**

7901 N CORTARO RD #16102  
TUCSON, FL 85743

**New Mailing Address:**

4045 N. ORACLE RD. #167  
TUCSON, FL 85705

**FEI Number:** 54-2941803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ROBERT  
7901 N CORTARO RD #16102  
TUCSON, FL 85743 US

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

JONES, ROBERT  
1600 FLITELINE BLVB  
DELAND, FL 32720 US

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:**

02/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, ROBERT  
Address: 7901 N CORTARO RD #16102  
City-St-Zip: TUCSON, AZ 85743

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, ROBERT  
Address: 4045 N ORACLE RD #167  
City-St-Zip: TUCSON, AZ 85705

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 JONES

MGR

02/15/2008

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