

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090607

FILED
Mar 21, 2007
Secretary of State

Entity Name: PRECISION FASTENER & COMPONENTS, LLC

Current Principal Place of Business:

4371 - 112TH TERRACE NORTH
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

4371 - 112TH TERRACE NORTH
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-2133433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFSTETTER, GREG
4371 - 112TH TERRACE NORTH
CLEARWATER, FL 33762 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: MGRM () Delete
Name: HOFFSTETTER, GREG
Address: 4371 - 112TH TERRACE NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: HOFFSTETTER, BARBARA
Address: 3057 - 62ND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGRM () Delete
Name: HOFFSTETTER, RALPH
Address: 3057 - 62ND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

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

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 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: GREG HOFFSTETTER

MGRM

03/21/2007

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