## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Aug 24, 2006 08:00 Al Secretary of State DOCUMENT # L05000002233 1. Entity Name PLATINUM PRECISE CUTS LLC Principal Place of Business Mailing Address 18641 NW 28 PL. 18641 NW 28 PL. MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056 07012006 No Chg-LLC CR2E083 (11/05) OO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1716634 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNGIN, ALICE DO NOT WRITE 18641 NW 28 PL MIAMI GARDENS, FL 33056 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. • MGR TITLE NAME MUNGIN, BRIAN STREET ADDRESS 19015 NW 10 PL. MIAMI GARDENS, FL 33169 CITY - ST - ZIP U00000575240 08/24/06-80006-020 50.00 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

Daytime Phone #