2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000002612

Entity Name: PRECISION APPROACH, LLC

FILED Feb 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13555 PERDIDO KEY DRIVE 10099 ROOKERY ROAD APT 16AU PENSACOLA, FL 32507

PENSACOLA, FL 32507

Current Mailing Address: New Mailing Address:

13555 PERDIDO KEY DRIVE
APT 16AU
PENSACOLA, FL 32507

10099 ROOKERY ROAD
PENSACOLA, FL 32507

FEI Number: 13-4304667 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: Name and Address of New Registered Agent:

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

LELAND, MICHAEL S
10099 ROOKERY ROAD
PENSACOLA, FL 32507 US

TALLAHASSEE, FL 323011283 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.

in the State of Florida.

SIGNATURE: M. SHAUN LELAND 02/21/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 LELAND, M. SHAUN
 Name:
 LELAND, M. SHAUN

 Address:
 249 MASTERS POINT COURT
 Address:
 10099 ROOKERY ROAD

 City-St-Zip:
 SLIDELL, LA 70458
 City-St-Zip:
 PENSACOLA, FL 32507

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SMITH, JON R
 Name:

 Address:
 52 FAIRWAY OAKS DRIVE
 Address:

 City-St-Zip:
 NEW ORLEANS, LA 70131
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MASON, RON
 Name:

 Address:
 2300 SETH WILLIAMS BOUELEVARD
 Address:

 City-St-Zip:
 CAMP LEJEUNE, NC 28547
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 AUDSLEY, WALTER
 Name:

 Address:
 PO BOX 8
 Address:

 City-St-Zip:
 LEXINGTON, MO 64067
 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: MICHAEL SHAUN LELAND MGRM 02/21/2008