

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90033 030 \*\*\*138.75

60029595



04152008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000081492</b> 1. Entity Name <b>PRECISION TRIM, LLC.</b>					
Principal Place of Business <b>21 SE PINE CT. OCALA, FL 34472</b>			Mailing Address <b>21 SE PINE CT. OCALA, FL 34472</b>		
2. Principal Place of Business - No P.O. Box # <b>1303 Lakeshore Dr.</b>		3. Mailing Address <b>1303 Lakeshore Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Inverness, FL</b>		City & State <b>Inverness, FL</b>		4. FEI Number <b>20-3382876</b>	
Zip <b>34450</b>		Country <b>Citrus</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAUNDERS, CATHERINE 10117 S HWY 441 BELLEVIEW, FL 34420</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DRESBACH, RANDY A 21 SE PINE CT. OCALA, FL 34472</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1303 Lakeshore Drive Inverness, FL 34450</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DRESBACH, MELISSA A 21 SE PINE CT. OCALA, FL 34472</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1303 Lakeshore Drive Inverness, FL 34450</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Randy A. Dresbach</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-24-08</b> <small>Date Daytime Phone #</small>		