

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

**DOCUMENT # L05000081492**

1. Entity Name  
**PRECISION TRIM, LLC.**



Principal Place of Business      Mailing Address  
**21 SE PINE CT.**      **21 SE PINE CT.**  
**OCALA, FL 34472**      **OCALA, FL 34472**

**60029595**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1303 Lakeshore DR.**      **1303 Lakeshore DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04152008    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**Inverness, FL**      **Inverness FL.**

Zip      Country      Zip      Country  
**34450**      **Citrus**      **34450**      **Citrus**

4. FEI Number      Applied For  
**20-3382876**      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAUNDERS, CATHERINE**  
**10117 S HWY 441**  
**BELLEVIEW, FL 34420**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
 After-May 1, 2008 Fee will be \$538.75

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DRESBACH, RANDY A</b> <b>21 SE PINE CT.</b> <b>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</b> <b>Inverness, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DRESBACH, MELISSA A</b> <b>21 SE PINE CT.</b> <b>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</b> <b>Inverness, FL 34450</b>
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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.

SIGNATURE: **Randy A. Dresbach**      **4-24-08**  
 \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #