

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084143

FILED
May 31, 2007
Secretary of State

Entity Name: PRECIZION COMPUTERS, LLC.

Current Principal Place of Business:

9501 LILY BANK COURT
RIVIERA BEACH, FL 33407

New Principal Place of Business:

1110 LUCAYA DRIVE
RIVIERA BEACH, FL 33404

Current Mailing Address:

9501 LILY BANK COURT
RIVIERA BEACH, FL 33407

New Mailing Address:

1110 LUCAYA DRIVE
RIVIERA BEACH, FL 33404

FEI Number: 20-4397351 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:

ATHENS FINANCIAL SERVICES, LLC
915 NE 125TH STREET
204
NORTH MIAMI, FL 33161 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: HUNTER, DONNA
Address: 9501 LILY BANK COURT
City-St-Zip: RIVIERA BEACH, FL 33407 US

Title: CEO () Delete
Name: MARSCHALL, MICHAEL
Address: 9501 LILY BANK COURT
City-St-Zip: RIVIERA BEACH, FL 33407

ADDITIONS/CHANGES:

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 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 MARSCHALL

CEO

05/31/2007

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