

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085772

FILED
Apr 30, 2007
Secretary of State

Entity Name: PRECISE HOME SERVICE, LLC

Current Principal Place of Business:

4030 SE 84TH LANE RD.
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

4030 SE 84TH LANE RD.
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 20-3383047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, JAMES J
1901 TENA AVENUE N.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

HENDERSON, TRESSA L
4030 SE 84TH LANE RD.
OCALA, FL 34480 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.

SIGNATURE: TRESSA L. HENDERSON

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDERSON, JAMES J
Address: 1901 TENA AVENUE N.
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGRM () Delete
Name: HENDERSON, TRESSA L
Address: 1901 TENA AVENUE N.
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENDERSON, JAMES J
Address: 4030 SE 84TH LANE RD.
City-St-Zip: OCALA, FL 34480 US

Title: MGRM (X) Change () Addition
Name: HENDERSON, TRESSA L
Address: 4030 SE 84TH LANE RD.
City-St-Zip: OCALA, FL 34480 US

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: TRESSA L. HENDERSON

MGMR

04/30/2007

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