
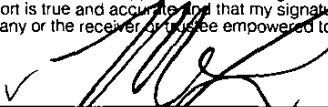


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 013 ****50.00

DOCUMENT # L06000025373 1. Entity Name PRECISION DOOR SERVICE OF PASCO LLC					
Principal Place of Business 1460 SEAGULL DR- #302 PALM HARBOR, FL 34685 US			Mailing Address 1460 SEAGULL DR #302 PALM HARBOR, FL 34685 US		
2. Principal Place of Business - No P.O. Box # 2636 10th Court Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State same		4. FEI Number 20-451753Z	
Zip 34684		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LETO, MATTHEW M 1460 SEAGULL DR #302 PALM HARBOR, FL 34685				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;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing member Matthew M. Leto 2636 10th Court Palm Harbor, FL 34684			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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:  3/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					