


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90354 005 ****50.00

DOCUMENT # L06000044947 1. Entity Name PRECISION MACHINING, LLC			
Principal Place of Business 9801 NW 54 PLACE CORAL SPRINGS, FL 33076 US		Mailing Address 9801 NW 54 PLACE CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business - No P.O. Box # 601 N.E. 28 COURT Suite, Apt. #, etc. UNIT #4		3. Mailing Address 601 N.E. 28 COURT Suite, Apt. #, etc. UNIT #4	
City & State POMPAÑO BEACH, FL		City & State POMPAÑO BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA
4. FEI Number 20-4797100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PINTER, BELA 9801 NW 54 PLACE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name PINTER, BELA Street Address (P.O. Box Number is Not Acceptable) 9055 WILES ROAD, APT #208 City CORAL SPRINGS FL Zip Code 33067	
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 <u><i>Bela Pinter</i></u> 4-13-07 <small>Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE</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	MGRM PINTER, BELA 9801 NW 54 PLACE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINTER, BELA 9055 WILES ROAD, APT #208 CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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.			
SIGNATURE: <u><i>Bela Pinter</i></u>		Date <u>4-13-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	