

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086611

FILED
Jan 19, 2009
Secretary of State

Entity Name: PRECISION SERVICE'S LLC

Current Principal Place of Business:

8170 MAINLINE #3
FT MYERS, FL 33912 US

New Principal Place of Business:

17473-B JEAN STREET
FT MYERS, FL 33912 US

Current Mailing Address:

8170 MAINLINE #3
FT MYERS, FL 33912 US

New Mailing Address:

17473-B JEAN STREET
FT MYERS, FL 33912 US

FEI Number: 20-5520387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: SHANKS, CANDY
Address: 8170 MAINLINE #3
City-St-Zip: FT MYERS, FL 33912 US

Title: MGRM () Delete
Name: ZUKOWSKI, JANICE
Address: 8170 MAINLINE #3
City-St-Zip: FT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHANKS, CANDY
Address: 17473-B JEAN STREET
City-St-Zip: FT MYERS, FL 33912 US

Title: MGRM (X) Change () Addition
Name: ZUKOWSKI, JANICE
Address: 17473-B JEAN STREET
City-St-Zip: FT MYERS, FL 33912 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: CANDY SHANKS

MGRM

01/19/2009

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