2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Mar 05, 2008 8:00 am Secretary of State **DOCUMENT # L06000105178** 03-05-2008 90207 030 ***138.75 PRECISION ENVIRONMENTAL ASSESSMENTS, LLC Principal Place of Business Mailing Address 1107 CHELSEA PARC DRIVE 1107 CHELSEA PARC DRIVE MINNEOLA, FL 34715 MINNEOLA, FL 34715 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0842157 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEDRAL, LAURA A Street Address (P.O. Box Number is Not Acceptable) 1107 CHELSEA PARC DRIVE MINNEOLA, FL 34715 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FIEE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition VEDRAL, LAURA A NAME NAME STREET ADDRESS 1107 CHELSEA PARC DRIVE STREET ADDRESS MINNEOLA, FL 34715 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 reference empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

vs E

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Change

☐ Addition

FILED