

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082661

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** PRECASTERS DATA SYSTEMS, LLC

**Current Principal Place of Business:**

15900 S.W. 408TH STREET, SUITE B  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 343448  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 26-2091625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOND, THOMAS L  
15900 S.W. 408TH STREET, SUITE B  
FLORIDA CITY, FL 33034 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:** MGR ( ) Delete  
**Name:** BOND, THOMAS L  
**Address:** 15900 S.W. 408TH STREET, SUITE B  
**City-St-Zip:** FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BOND, THOMAS L  
**Address:** PO BOX 343448  
**City-St-Zip:** FLORIDA CITY, FL 33034

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:** THOMAS L BOND

MGR

04/15/2009

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