

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061012

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** PRECISE MEDIATION LLC

**Current Principal Place of Business:**

5620 COLLINS RD  
1018  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 442223  
JACKSONVILLE, FL 32222

**New Mailing Address:**

5620 COLLINS RD  
1018  
JACKSONVILLE, FL 32244

**FEI Number:** 45-1068754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ISRAEL, CHILEAB N  
5620 COLLINS RD  
1018  
JACKSONVILLE, FL 32244 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  
**Name:** ISRAEL, CHILEAB N  
**Address:** 5620 COLLINS RD  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

I hereby 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:** CHILEAB N ISRAEL

MGR

05/01/2012

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