

L23000095456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Consulting & Capital LLC

Name of Limited Liability Company

Dear Sir or Madam

The enclosed Statement of Authority and fees(s) are submitted for filing

Please return all correspondence concerning this matter to the following

Kenneth Bohannon, Esq

Name of Person

Coronado Law Group PLLC

Firm/Company

221 North Causeway, Suite A

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

KBohannon@CFLLawyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Kenneth Bohannon

386

427-5227

at (

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is PRECISION CONSULTING & CAPITAL LLC

SECOND: The Florida Document Number of the limited liability company is L230000095456

THIRD: The street address of the limited liability company's principal office is

206 SALUDO STREET

NEW SMYRNA BEACH, FL 32169

The mailing address of the limited liability company's principal office is

206 SALUDO STREET

NEW SMYRNA BEACH, FL 32169

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company

a. Granted to: ANGELINA D GOOSE

b. No authority granted to _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: ANGELINA D GOOSE, VICE PRESIDENT

b. No authority granted to _____


Signature of authorized representative

DAVID GOOSE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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