## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000008330

**Entity Name: PROFXPRECISION LLC** 

**Current Principal Place of Business:** 

20 LENFANT CT

GLEN MILLS. PA 19342

**Current Mailing Address:** 

20 LENFANT CT

GLEN MILLS. PA 19342 US

FEI Number: 81-1129200 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: CHRIS DAS 04/30/2025

Electronic Signature of Registered Agent

Date

**FILED** Apr 30, 2025

**Secretary of State** 

8060575020CC

Authorized Person(s) Detail:

Title **MEMBER** Title **PRESIDENT** CASALENA, JOHN Name CASALENA, JOHN Name 20 LENFANT CT Address 20 LENFANT CT Address

City-State-Zip: GLEN MILLS PA 19342 City-State-Zip: GLEN MILLS PA 19342

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN CASALENA

Electronic Signature of Signing Authorized Person(s) Detail

**MEMBER** 

04/30/2025 Date