

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000214702

Entity Name: PRECISION INSURANCE PROVIDERS LLC

Current Principal Place of Business:

11300 4TH STREET NORTH
SUITE 240
SAINT PETERSBURG, FL 33716

Current Mailing Address:

5581 KIWANIS PLACE NORTHEAST
ST PETERSBURG, FL 33703 US

FEI Number: 82-3114564

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAY, JORDAN D.
5581 KIWANIS PLACE NORTHEAST
SAINT PETERSBURG, FL 33703 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: JORDAN D. CLAY

02/07/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER, CEO	Title	AMBR
Name	CLAY, JORDAN D.	Name	CRAVEN, BAILEY A.
Address	5581 KIWANIS PLACE NORTHEAST	Address	10120 11TH STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33703	City-State-Zip:	ST. PETERSBURG FL 33716

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: JORDAN CLAY

MGR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date