2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# L08000034338

Entity Name: PERFORMANCE RESULTING IN DEFECT ELIMINATION-PRIDE LLC

Current Principal Place of Business:

2114 JOAN AVENUE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

JACKIE ROBERTS
1119 MCKENIZE AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 26-2345171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, JACKIE
2114 JOAN AVENUE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

ROBERTS, JACKIE
1119 MCKENZIE AVE
PANAMA CITY, FL 32401 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: JACKIE ROBERTS 05/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROBERTS, JACKIE	
Address:	1119 MCKENZIE AVENUE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	MGRM	( ) Delete
Name:	ASKEW, ALLEN	
Address:	111 W. LESLIE LANE	
City-St-Zip:	PANAMA CITY BEACH, FL 32407	
Title:	MGRM	( ) Delete
Name:	BELL, JASON SR.	
Address:	9826 COWELS ROAD	
City-St-Zip:	FOUNTAIN, FL 32438	
Title:	MGRM	( ) Delete
Name:	FOX, JAMES III	
Address:	121A FOX AVENUE	
City-St-Zip:	CALLAWAY, FL 32404	
Title:	MGRM	( ) Delete
Name:	BURD, RON	
Address:	1814 MAIN AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	DIFATTA, JOHN	
Address:	8635 E. BAYHEAD COURT	
City-St-Zip:	YOUNGSTOWN, FL 32466	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JACKIE ROBERTS MGRM 05/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date