

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003252

**Entity Name:** PERFORMANCE PERSONNEL OF FLORIDA LLC

**Current Principal Place of Business:**

352 W MAIN STREET  
NORRISTOWN, PA 19401

**Current Mailing Address:**

352 W MAIN STREET  
NORRISTOWN, PA 19401

**FEI Number:** 59-3793427

**Certificate of Status Desired:** No

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

ARD, SHIRLEY & RUDOLPH, P.A.  
207 WEST PARK AVE.  
SUITE B  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name POTTS, THOMAS JPRES.  
Address 352 W MAIN STREET  
City-State-Zip: NORRISTOWN PA 19401

Title MGRM  
Name MCCOY, MELVIN  
Address 352 W MAIN STREET  
City-State-Zip: NORRISTOWN PA 19401

Title MGRM  
Name YOUNG, JON  
Address 352 W MAIN STREET  
City-State-Zip: NORRISTOWN PA 19401

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS POTTS

**PRESIDENT**

**06/11/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date