

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000179634

**Entity Name:** CRUZ PERFORMANCE LLC

**Current Principal Place of Business:**

505 N FALKENBURG RD  
SUITE B  
TAMPA, FL 33619

**Current Mailing Address:**

PO BOX 6416  
BRANDON, FL 33508

**FEI Number:** 81-0767346

**Certificate of Status Desired:** No

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

CRUZ, DON  
505 N FALKENBURG RD  
SUITE B  
TAMPA, FL 33619 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 MGR  
Name CRUZ, DON  
Address 505 N FALKENBURG RD SUITE B  
City-State-Zip: TAMPA FL 33619

*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:** DON CRUZ

**OWNER**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date