

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008857

FILED
Feb 09, 2007
Secretary of State

Entity Name: PERFORMANCE SOLUTIONS, L.L.C.

Current Principal Place of Business:

1391 COTTONWOOD TRAIL
SARASOTA, FL 34232

New Principal Place of Business:

3492 CUMMINGS COVE PKWY
HENDERSONVILLE, NC 28739

Current Mailing Address:

1391 COTTONWOOD TRAIL
SARASOTA, FL 34232

New Mailing Address:

3492 CUMMINGS COVE PKWY
HENDERSONVILLE, NC 28739

FEI Number: 65-1127925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWRY, SNOWDEN S
217 NASSAU STREET, S.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOODS, DAVID O MR.
Address: 1391 COTTONWOOD TRAIL
City-St-Zip: SARASOTA, FL 34232 US

Title: MGRM () Delete
Name: WOODS, ROBERTA E MS.
Address: 1391 COTTONWOOD TRAIL
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODS, DAVID O MR.
Address: 3492 CUMMINGS COVE PKWY
City-St-Zip: HENDERSONVILLE, NC 28739 US

Title: MGRM (X) Change () Addition
Name: WOODS, ROBERTA E MS.
Address: 3492 CUMMINGS COVE PKWY
City-St-Zip: HENDERSONVILLE, NC 28739 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTA E. WOODS

MGRM

02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date