2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L01000008857

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

Current Principal Place of Business:

3492 CUMMINGS COVE PKWY
HENDERSONVILLE, NC 28739

New Principal Place of Business:

Current Mailing Address:

3492 CUMMINGS COVE PKWY
HENDERSONVILLE, NC 28739

New Mailing Address:

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: 3492 CUMMINGS COVE PKWY
City-St-Zip: HENDERSONVILLE, NC 28739 US

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

ADDITIONS/CHANGES:

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: ROBERTA E. WOODS MGRM 01/14/2009

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