

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017893

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** THE PERFORMANCE KNOWLEDGE GROUP, LLC

**Current Principal Place of Business:**

717 ASHGROVE TERRACE  
SANFORD, FL 32771

**New Principal Place of Business:**

717 ASHGROVE TERRACE  
SANFORD, FL 32771 UN

**Current Mailing Address:**

717 ASHGROVE TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 56-2288158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KOTNOUR, TIMOTHY G DR.  
717 ASHGROVE TERRACE  
SANFORD, FL 32771 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  
**Name:** MARY LYNN KOTNOUR  
**Address:** 717 ASHGROVE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** MGRM  
**Name:** KOTNOUR, TIM  
**Address:** 717 ASHGROVE TERRACE  
**City-St-Zip:** SANFORD, FL 32771

I hereby 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: MARY LYNN KOTNOUR

MRGM

01/13/2012

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