

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032220

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** PERFORMANCE POTENTIAL PROFESSIONALS, L.L.C.

**Current Principal Place of Business:**

6547 MIDNIGHT PASS ROAD, #12  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6547 MIDNIGHT PASS ROAD, #12  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 37-1477245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORSMAN, ALAN R  
6547 MIDNIGHT PASS RD., #12  
SARASOTA, FL 34242 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:** FORSMAN, ALAN R  
**Address:** 6547 MIDNIGHT PASS ROAD, #12  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** MGR  
**Name:** ERICKSON, DAVID G  
**Address:** 1625 SHERMER ROAD  
**City-St-Zip:** NORTHBROOK, IL 60062 US

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:** DAVID G. ERICKSON

MGR

01/19/2010

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