


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000026175

1. Entity Name
PRO PERFORMANCE SERVICES, LLC



Principal Place of Business 3464 INDIAN CREEK BOULEVARD JACKSONVILLE, FL 32259	Mailing Address 3464 INDIAN CREEK BOULEVARD JACKSONVILLE, FL 32259
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DO NOT WRITE IN THIS SPACE



05072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0058276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PROBST, DAMON
 3464 INDIAN CREEK BOULEVARD
 JACKSONVILLE, FL 32259

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROBST, DAMON R 3464 INDIAN CREEK BLVD JACKSONVILLE, FL 32259
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Damon R. Probst **Damon R. Probst** 5/11/07 904-334-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #