

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057733

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** FOOD FOR PERFORMANCE, LLC

**Current Principal Place of Business:**

3700 PARKRIDGE CIRCLE  
SARASOTA, FL 34243

**New Principal Place of Business:**

3700 PARKRIDGE CIRCLE  
SARASOTA, FL 34243 US

**Current Mailing Address:**

3700 PARKRIDGE CIRCLE  
SARASOTA, FL 34203

**New Mailing Address:**

3700 PARKRIDGE CIRCLE  
SARASOTA, FL 34203 US

**FEI Number:** 20-1800085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VICTORIA JAENSCH KARINS  
2017 FIESTA DRIVE  
SARASOTA, FL 34231 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:** PARSONAGE, SALLY  
**Address:** 3700 PARKRIDGE CIRCLE  
**City-St-Zip:** SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PARSONAGE, SALLY  
**Address:** 3700 PARKRIDGE CIRCLE  
**City-St-Zip:** SARASOTA, FL 34243 US

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:** SALLY PARSONAGE

DR

04/13/2009

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