2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000074716

SOS PERFORMANCE PRODUCTS, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

2347 ST. ANDREWS BLVD PANAMA CITY, FL 32405 US

Mailing Address

2347 ST. ANDREWS BLVD PANAMA CITY, FL 32405

US



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1916579

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROGDON, DOUGLAS O 3523 37TH PLAZA UNIT#4 PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent algorature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS .
TITLE	MGR
NAME	WATTS, THOMAS W
STREET ADDRESS	2347 ST. ANDREWS BLVD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGR .
NAME	BROGDON, DOUGLAS O
STREET ADDRESS	2347 ST. ANDREWS BLVD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	· · · · · · · · · · · · · · · · · · ·

U000000746062 05/16/07-80054-008 50.00

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.26-27

Daytime Phone #