

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90185 032 ****50.00

DOCUMENT # L04000078823

1. Entity Name
PERFORMANCE DYNAMIC & ASSOCIATES L.L.C.



Principal Place of Business

**6542 CHAMPLAIN TERR
DAVIE, FL 33331**

Mailing Address

**6542 CHAMPLAIN TERR
DAVIE, FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4562450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VALDES, STEPHEN F
6542 CHAMPLAIN TERR
DAVIE, FL 33331**

7. Name and Address of New Registered Agent

Name

Connie E. Ruiz

Street Address (P.O. Box Number is Not Acceptable)

1351 SW 40th Avenue

City

Miami

FL

Zip Code

33134

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

Connie E. Ruiz **CONNIE E. RUIZ**

1-15-2005

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$80.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VALDES, CARLA L**
STREET ADDRESS **6542 CHAMPLAIN TERR**
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D** ☐ Change ☒ Addition
NAME **Valdes, Stephen F**
STREET ADDRESS **6542 Champlain Terr**
CITY-ST-ZIP **Davie, Fl. 33331** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **1/15/2005**

Date

954-434-3998

Daytime Phone