

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003252

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: PERFORMANCE PERSONNEL OF FLORIDA LLC

**Current Principal Place of Business:**

4744 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

354 W. MAIN STREET  
NORRISTOWN, PA 19401

**New Mailing Address:**

910 FOULK RD.  
SUITE 201  
WILMINGTON, DE 19803

FEI Number: 59-3793427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTTS, THOMAS J  
4744 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33417 US

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

ARD, SHIRLEY & RUDOLPH, P.A.  
207 WEST PARK AVE.  
SUITE B  
TALLAHASSEE, FL 32301 US

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: SAMUEL ARD

07/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POTTS, THOMAS J  
Address: 4744 OKEECHOBEE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM ( ) Delete  
Name: MCCOY, MELVIN  
Address: 4744 OKEECHOBEE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM ( ) Delete  
Name: YOUNG, JON  
Address: 4744 OKEECHOBEE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS J. POTTS

MGRM

07/08/2008

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