

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003252

FILED
Apr 08, 2009
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:

352 W MAIN STREET
NORRISTOWN, PA 19401

Current Mailing Address:

910 FOULK RD.
SUITE 201
WILMINGTON, DE 19803

New Mailing Address:

FEI Number: 59-3793427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARD, SHIRLEY & RUDOLPH, P.A.
207 WEST PARK AVE.
SUITE B
TALLAHASSEE, FL 32301 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: 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: MGRM (X) Change () Addition
Name: POTTS, THOMAS J PRES.
Address: 352 W MAIN STREET
City-St-Zip: NORRISTOWN, PA 19401

Title: MGRM (X) Change () Addition
Name: MCCOY, MELVIN
Address: 352 W MAIN STREET
City-St-Zip: NORRISTOWN, PA 19401

Title: MGRM (X) Change () Addition
Name: YOUNG, JON
Address: 352 W MAIN STREET
City-St-Zip: NORRISTOWN, PA 19401

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

PRES

04/08/2009

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