

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2006-90046-029-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:38

DOCUMENT # L05000077366 1. Entity Name OPTIMUM PERFORMANCE SALES AND MARKETING L.L.C.					
Principal Place of Business 885 SQUARE LAKE DR BARTOW, FL 33830		Mailing Address 885 SQUARE LAKE DR BARTOW, FL 33830			
2. Principal Place of Business <i>885 SQUARE LAKE DR</i> Suite, Apt. #, etc.		3. Mailing Address <i>885 SQUARE LAKE DR</i> Suite, Apt. #, etc.		09012006 Chg-LLC CR2E083 (11/05)	
City & State <i>BARTOW FL</i> Zip <i>33830</i>		City & State <i>BARTOW, FL</i> Zip <i>33830</i>		4. FEI Number <i>42-1671382</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, LEONARD B JR. 885 SQUARE LAKE DR BARTOW, FL 33830				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>same</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>M Griffin, Leonard B Jr.</i> ☐ Delete <i>885 Square Lake Dr.</i> <i>Bartow FL 33830</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>9/6/06</i> Day: <i>813-217-2039</i>		