

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122184

FILED
Aug 21, 2009
Secretary of State

Entity Name: PERFORMANCE ENHANCEMENT PROFESSIONALS, LLC

Current Principal Place of Business:

3062 S. OAKLAND FOREST DRIVE
#202
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

7900 COURTTLEIGH DR
ORLANDO, FL 32835 US

Current Mailing Address:

1127 JEFFERSON AVE
EAST POINT, GA 30344 US

New Mailing Address:

8 LEATHERWOOD LANE
B
HOLIDAY ISLAND, AR 72631 US

FEI Number: 26-3434579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUGGER, A J DR.
3062 S. OAKLAND FOREST DRIVE
#202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

DUGGER, A J DR.
7900 COURTTLEIGH DR
ORLANDO, FL 32835 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:

08/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUGGER, A J DR.
Address: 3062 S. OAKLAND FOREST DRIVE, #202
City-St-Zip: FT. LAUDERDALE, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUGGER, A J DR.
Address: 8 LEATHERWOOD LANE
City-St-Zip: HOLIDAY ISLAND, AR 72631 US

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: AJ DUGGER

MGRM

08/21/2009

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