

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024285

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** PERFORMANCE ENTERPRISES, LLC

**Current Principal Place of Business:**

11020 PEMBROKE RD SR 265  
MIRAMAR, FL 33055

**New Principal Place of Business:**

10211 PINES BLVD #169  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

13261 SW 44 STREET  
DAVIE, FL 33330

**New Mailing Address:**

10211 PINES BLVD #169  
PEMBROKE PINES, FL 33026

**FEI Number:** 20-4445160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, THERESA E  
18904 NW 54 AVENUE  
MIAMI, FL 33055 US

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

SMITH, THERESA E  
13261 SW 44 ST  
DAVIE, FL 33330 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:

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, THERESA E  
Address: 13261 SW 44 STREET  
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete  
Name: SMITH, CHRISTOPHER L  
Address: 13261 SW 44 STREET  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES:**

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: THERESA SMITH

MGRM

04/17/2008

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