000110175

	(Requestor's Name)
	(Address)
	(Address)
 -	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
L.	SELLERS
	FEB 18 2008
	VARAINICO

Office Use Only



900118028749

02/15/08--01019--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Performance (Name of Limite	Results, LLC d Liability Company)
The enclosed member, managing member or mailing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Clare Contact Person)	
Performana Res	sults
17634 Esprit	Orive_
Tampa / FL / 3364	7
For further information concerning this matter,	please call:
Marianne Coberts a (Name of Contact Person)	tt (S/3) 363-5/22 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as i	t appears on the rec	ords of the Florid	la Department
of State is:	Performance	Results	LLC	•
2. This limited liabi	lity company was organized	under the laws of:		
ı	ment/registration number of	this limited liability	company is:	
4. I, Mario	enne Roberts ame of Person Resigning)	, hereby resign a	as a <u>Mar</u> (Print	nager Title)
	ility company and affirm the			
Manual Signature of Resignature	gning Member, Managing Me	ember or Manager	TAS	20
	\$25.00 (Required) \$30.00 (Optional)		SECKETARY OF STAT LLAHASSEE, FLORI	ZORFEB IS PH S:3