

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118584

FILED
May 09, 2009
Secretary of State

Entity Name: PERFORMANCE FIBERGLASS REPAIR LLC

Current Principal Place of Business:

623 NORTH COCOA BLVD.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:
623 NORTH COCOA BLVD.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3741549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MELOCHE, JACOB
623 NORTH COCOA BLVD.
COCOA, FL 32922 US

Name and Address of New Registered Agent:

MELOCHE, JACOB A MGRM
623 NORTH COCOA BLVD.
COCOA, FL 32922 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: JACOB MELOCHE

05/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELOCHE, JACOB
Address: 623 NORTH COCOA BLVD.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BUTLER, WAYNE J
Address: 623 N. COCOA BLVD.
City-St-Zip: COCOA, FL 32922

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: JACOB MELOCHE

MGRM

05/09/2009

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