

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015093

Entity Name: PEAK PERFORMANCE, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

881 SW IDOL AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

2065 SE PARROT STREET
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

881 SW IDOL AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

2065 SE PARROT STREET
PORT SAINT LUCIE, FL 34952

FEI Number: 20-8420480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, PETER J
881 SW IDOL AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

JACOBSON, PETER J
2065 SE PARROT STREET
PORT SAINT LUCIE, FL 34952 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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOBSON, PETER J
Address: 881 SW IDOL AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACOBSON, PETER J
Address: 2065 SE PARROT STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: PETER JACOBSON

MGRM

03/25/2009

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