2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 26, 2008 8:00 am
Secretary of State
01-30-2008 90095 006 ***138.75

DOCUMENT # L07000041728

1. Entity Name
HUMAN PERFORMANCE CONSULTING L.L.C.

Principal Place of Business	Mailing Address
1019 SEAGULL LANE LYNN HAVEN FL 32444	1019 SEAGULL LANE LYNN HAVEN FL 32444

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		8516 Kimo Pl.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Diamondhead, MS	
Zip	Country	Zip: 39525	Country: U.S.A.

4. FEI Number: 20-8843340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAGGIAR, CASSANDRA D 104 ROSE CORAL DRIVE PANAMA CITY FL 32408	Name: Cassandra D Naggiar Street Address (P.O. Box Number is Not Acceptable): 4046 Ilex Circle City: Panama City FL Zip Code: 32405

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cassandra Naggiar 24 Jan 08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGGIAR, EDOARDO R 1019 SEAGULL LANE LYNN HAVEN FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ____________ 24 Jan 08 850319-5267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #