

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105919

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: OPTIMIZING PERFORMANCE TARGETS, LLC

**Current Principal Place of Business:**

2229 ALLIANCE AVENUE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

99 NESBIT STREET  
C/O DOROTHY L. KORSZEN  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 26-1374678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KORSZEN, DOROTHY L  
99 NESBIT STREET  
FARR, FARR, EMERICH  
PUNTA GORDA, FL 33950 US

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

KORSZEN, DOROTHY L ESQ  
99 NESBIT STREET  
FARR, FARR, EMERICH  
PUNTA GORDA, FL 33950 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: DOROTHY L. KORSZEN, ESQ.

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILLER, SUSAN STEELE  
Address: 2229 ALLIANCE AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGR ( ) Delete  
Name: BURKE, PAUL R  
Address: 2229 ALLIANCE AVENUE  
City-St-Zip: NORTH PORT, FL 34286

**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: SUSAN STEELE MILLER

MGR

04/16/2009

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