2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L08000060739

Entity Name: PERFORMANCEDP, LLC.

Current Principal Place of Business:

2325 SILVER SANDS CT.
VERO BEACH, FL 32963

New Principal Place of Business:

2235 SILVER SANDS CT.
VERO BEACH, FL 32963

Current Mailing Address:

2325 SILVER SANDS CT.
VERO BEACH, FL 32963

New Mailing Address:

2235 SILVER SANDS CT.
VERO BEACH, FL 32963

FEI Number: 26-3452239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, ANN A
2325 SILVER SANDS CT.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

ALLEVA, ANN C
2235 SILVER SANDS CT.
VERO BEACH, FL 32963 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: ANN C. ALLEVA 02/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAYLOR, ANN A
Address: 2325 SILVER SANDS CT.
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM (X) Delete
Name: TAYLOR, CARTER S.D.
Address: 2325 SILVER SANDS CT.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALLEVA, ANN C
Address: 2235 SILVER SANDS CT.
City-St-Zip: VERO BEACH, FL 32963

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: ANN C. ALLEVA MGRM 02/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date