

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000040406

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PERSONAL PERFORMANCE INSTITUTE, LLC

**Current Principal Place of Business:**

450-106 STATE ROAD 13N  
SUITE 123  
SAINT JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13N  
SUITE 123  
SAINT JOHNS, FL 32259 US

**New Mailing Address:**

**FEI Number:** 26-4756419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLUHACEK, PAUL J  
450-106 STATE ROAD 13N  
SUITE 123  
SAINT JOHNS, FL 32259 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PLUHACEK, PAUL J  
**Address:** 450-106 STATE ROAD 13N, #123  
**City-St-Zip:** SAINT JOHNS, FL 32259 US

I hereby 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: PAUL J PLUHACEK

MGRM

04/27/2010

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