

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092217

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** NP COMPLETE PERFORMANCE LLC

**Current Principal Place of Business:**

2402 INDIAN KEY DR  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

2411 E YORK ST  
PHILADELPHIA, PA 19125 US

**New Mailing Address:**

7-13 WASHINGTON SQUARE NORTH  
APT. 45B  
NEW YORK, NY 10003 US

**FEI Number:** 20-4520639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIVENTI, JONATHAN V  
2402 INDIAN KEY DR  
HOLIDAY, FL 34691 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: VIVENTI, JONATHAN V  
Address: 7-13 WASHINGTON SQUARE NORTH, APT. 45B  
City-St-Zip: NEW YORK, NY 10003 US

Title: MGRM  
Name: ENGBERG, JOHN  
Address: 2402 INDIAN KEY DR  
City-St-Zip: HOLIDAY, FL 34691 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: JONATHAN VIVENTI

MGRM

04/18/2012

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