



2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000062848 1. Entity Name SS PERFORMANCE GROUP, LLC					
Principal Place of Business 1770 NEWMAN LANE TALLAHASSEE, FL 32312			Mailing Address 1770 NEWMAN LANE TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 4308 Aviation Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee Florida Zip 32310 Country US		City & State Zip Country		4. FEI Number 45-2398777	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIMS, ALICE 1770 NEWMAN LANE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Ernest Sims III Street Address (P.O. Box Number is Not Acceptable) 1032 Metcalf Rd 1770 Newman Lane City Thomasville Tallahassee FL Zip Code 32312		
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  DATE 10/16/12 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMS, ERNEST III 1770 NEWMAN LANE TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500240858755 10/16/12--01004--021 **238.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. BRUCE OCT 16 2012 EXAMINER	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  10/16/12 ernie.ssperformancegroup@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

FILED

12 OCT 16 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162012 REIN-LLC CR2E101 (12/11)