

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000001120

1. Entity Name

Pro Performance Management LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Rialto Drive

3. Mailing Address

100 Rialto Drive

Suite, Apt. #, etc.

#615

Suite, Apt. #, etc.

#615

DO NOT WRITE IN THIS SPACE

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

52-2194842

Applied For

Not Applicable

Zip
32901

Country
Brevard

Zip
32901

Country
Brevard

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Sapourn, Michael P.

Street Address (P.O. Box Number is Not Acceptable)

100 Rialto Drive, #615

City Melbourne

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sapourn Financial Services, L.L.C. 100 Rialto Drive, #615 Melbourne, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900017816589 05/01/03--01041--017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sapourn, Michael P. 100 Rialto Drive, #615 Melbourne, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael P. Sapourn, Mng Mbr

4/23/03

Date

(321) 953-5343

Daytime Phone #