

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129432

**Entity Name:** PERFORMANCE ALIGNMENT LLC

**Current Principal Place of Business:**

10772 SW 188TH ST.  
CUTLER BAY, FL 33157

**Current Mailing Address:**

10772 SW 188TH ST.  
CUTLER BAY, FL 33157 US

**FEI Number:** 46-1165146

**Certificate of Status Desired:** No

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

ALVES, MICHAEL D  
19500 SW 127 CT.  
MIAMI, FL 33177 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	SECRETARY
Name	ALVES, MICHAEL D	Name	ALVES, MATTHEW D
Address	10772 SW 188TH ST.	Address	19500 SW 127TH CT
City-State-Zip:	CUTLER BAY FL 33157	City-State-Zip:	MIAMI FL 33177

Title VP  
Name ALVES, BEVERLY A  
Address 19500 SW 127TH CT  
City-State-Zip: MIAMI FL 33177

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL ALVES

**MANAGER**

**03/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date