

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000226327

Entity Name: PER4ORM SUPPLEMENTS LLC

Current Principal Place of Business:

10420 WEST STATE ROAD 84
4
DAVIE, AL 33324

Current Mailing Address:

10420 WEST STATE ROAD 84
4
DAVIE, FL 33324 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLAUBER GOLDMAN, PA
8751 W BROWARD BOULEVARD
410
PLANTATION, FL 33324 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 AMBR
Name KLAUBER, ADAM C
Address 8751 W BROWARD BOULEVARD, 410
City-State-Zip: PLANTATION FL 33324

Title AMBR
Name CARDONE, ZAC
Address 10420 WEST STATE ROAD 84, #4
City-State-Zip: DAVIE FL 33324

Title AMBR
Name HICKS, NICHOLAS
Address 10420 WEST STATE ROAD 84, #4
City-State-Zip: DAVIE FL 33324

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: ADAM C. KLAUBER

AUTHORIZED MEMBER

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date