

FILED
May 09, 2003 8:00 am
Secretary of State

02-10-2003 90108 010 ****50.00

2/1

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005018

1. Entity Name

PERFORMANCE THINKING, LLC



Principal Place of Business

27087 MATHESON AVE. #208
BONITA SPRINGS FL 34135

Mailing Address

27087 MATHESON AVE. #208
BONITA SPRINGS FL 34135

55039347

2. Principal Place of Business

310 7th St. NW

Suite, Apt. #, etc.

3. Mailing Address

310 7th St. N.W.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34120

Country

USA

City & State

NAPLES, FLORIDA

Zip

34120

Country

USA

4. FEI Number

NA

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAERLE, JOHN P
27087 MATHESON AVE. #208
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

HAERLE, JOHN P

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

310 7th St. NW

City

NAPLES

FL

Zip Code

34120

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/2003

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MANAGING MEMBER
JOHN P. HAERLE
STREET ADDRESS
310 7th St. NW
CITY-ST-ZIP
NAPLES, FL 34120

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

2/1/2003

Date

239-268-7650

Daytime Phone #

CR2E083 (10/02)