

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90015 003 \*\*\*\*\*55.00

**DOCUMENT # L02000030303**

1. Entity Name

**HARDLINE PERFORMANCE, LLC**



Principal Place of Business

1878 DR. ANDRES WAY, BAY 65  
DELRAY BEACH FL 33444

Mailing Address

1878 DR. ANDRES WAY, BAY 65  
DELRAY BEACH FL 33444

**55052050**



2. Principal Place of Business

1880 Dr. Andres Way #18

3. Mailing Address

1880 Dr. Andres Way #18

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

18

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, LAURA ESQUIRE  
120 SOUTH OLIVE AVENUE, SUITE 208  
WEST PALM BEACH FL 33401

Name

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

City

**FL**

Zip Code

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

*Chris Brown*

7-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Chris Brisson  
33 E CAMINI AVE 112  
BOCA RATON, FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

7-15-03 561-445-6904

Date

Daytime Phone #

CR2E083 (4/03)