

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90041 029 \*\*\*138.75

**DOCUMENT # L07000029466**

1. Entity Name  
**POWER BY THE HOUR PERFORMANCE, LLC.**



Principal Place of Business  
**1878 DR. ANDRES WAY  
DELRAY BEACH, FL 33445 US**

Mailing Address  
**1940 CHEETHAM HILL BLVD  
LOXAHATCHEE, FL 33470 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**71-1029070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LONG, ETTASUE  
1940 CHEETHAM HILL BLVD  
LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME  
MGRM LONG, JACOB ☐ Delete  
STREET ADDRESS  
2809 FRENCH AVENUE  
CITY-ST-ZIP  
LAKE WORTH, FA 33461

TITLE NAME  
MGRM GUAJARDO, JESUS ☐ Delete  
STREET ADDRESS  
533 GRISWOLD DRIVE  
CITY-ST-ZIP  
LAKE WORTH, FL 33461

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**LAKE WORTH FL 33461**

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**1/10/08 561 301 5247**