

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037356

**Entity Name:** FORSOME LLC

**Current Principal Place of Business:**

4021 GULF SHORE BLVD. N.  
# 405  
NAPLES, FL 34103

**Current Mailing Address:**

4021 GULF SHORE BLVD. N.  
# 405  
NAPLES, FL 34103 US

**FEI Number:** 45-2317065

**Certificate of Status Desired:** No

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

CLARKE, JOHN B  
4021 GULF SHORE BLVD N  
#405  
NAPLES, FL 34103 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  
Name FESMIRE, ROBERT  
Address 4901 GULF SHORE BLVD. N.  
#1501  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name SCHLEMMER, DENNIS R  
Address 4021 GULF SHORE BLVD. N.  
#306  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name CLARKE, JOHN P.  
Address 4021 GULF SHORE BLVD. N.  
405  
City-State-Zip: NAPLES FL 34103

Title AMBR  
Name CHAMBERS, RICHARD L  
Address 8930 BAY COLONY DRIVE  
#1602  
City-State-Zip: NAPLES FL 34108

*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:** JOHN CLARKE

**MGRM**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date