

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000126511

**Entity Name:** FROM HOLDINGS LLC

**Current Principal Place of Business:**

615 CAPE CORAL PKWY W  
SUITE 104  
CAPE CORAL, FL 33914

**Current Mailing Address:**

615 CAPE CORAL PKWY W  
SUITE 104  
CAPE CORAL, FL 33914 US

**FEI Number:** 30-1258068

**Certificate of Status Desired:** No

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

STCLAIR, RON  
615 CAPE CORAL PKWY W  
SUITE 104  
CAPE CORAL, FL 33914 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            FROM, ELIEZER  
Address        64 LACHISH ST  
City-State-Zip: SHOHAM 60812-64

Title            AMBR  
Name            FROM, REVITAL  
Address        64 LACHISH ST  
City-State-Zip: SHOHAM 60812-64

*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:** ELIEZER FROM

**MANAGER**

**02/05/2023**

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

\_\_\_\_\_  
Date