

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097451

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: THE POWER OF THREE, LLC

**Current Principal Place of Business:**

4613 N. UNIVERSITY DRIVE #575  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N. UNIVERSITY DRIVE #575  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

SOMMERS, KELLY  
4613 N. UNIVERSITY DRIVE #575  
CORAL SPRINGS, FL 33067 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PCEO ( ) Delete  
Name: SOMMERS, KELLY D  
Address: 4613 N. UNIVERSITY DRIVE #575  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: JVP ( ) Delete  
Name: SOMMERS, JUSTIN  
Address: 4613 N. UNIVERSITY DRIVE #575  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: JVP ( ) Delete  
Name: SOMMERS, ALEXIS  
Address: 4613 N. UNIVERSITY DRIVE #575  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLY D. SOMMERS                      PCEO                      03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date