

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097451

**FILED**  
**Apr 20, 2010**  
**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:** 26-3189618

**FEI Number Applied For ( )**

**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  
**Name:** SOMMERS, KELLY D  
**Address:** 4613 N. UNIVERSITY DRIVE #575  
**City-St-Zip:** CORAL SPRINGS, FL 33067

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

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

I hereby 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

04/20/2010

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