

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098730

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FROM SOMEBODY ELSE, LLC

**Current Principal Place of Business:**

9134 WHISTABLE WALK  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27015  
TAMARAC, FL 33320 US

**New Mailing Address:**

FEI Number: 26-3569133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLOREZ, BRYANT  
9134 WHISTABLE WALK  
TAMARAC, FL 33321 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: MGRM ( ) Delete  
Name: FLOREZ, BRYANT  
Address: 9134 WHISTABLE WALK  
City-St-Zip: TAMARAC, FL 33321 US

Title: MGRM ( ) Delete  
Name: HOLTER, JUSTEN  
Address: 17100 NORTH BAY ROAD APT. 1609  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

**ADDITIONS/CHANGES:**

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: BRYANT FLOREZ

MGRM

04/28/2009

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