

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90041 004 ****50.00

0049046

DOCUMENT # L02000027763

1. Entity Name

FUTURE FINDINGS, LLC



Principal Place of Business

1528 BAY WOODS ROAD
GULF BREEZE FL 32563

Mailing Address

1528 BAY WOODS ROAD
GULF BREEZE FL 32563



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1165009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAMIGNA, MARY E
1528 BAY WOODS ROAD
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM Delete
NAME: MARY E. GRAMIGNA
STREET ADDRESS: 1528 BAY WOODS ROAD
CITY-ST-ZIP: GULF BREEZE, FL 32563

TITLE: MGR Delete
NAME: KYLE DEAN
STREET ADDRESS: 1528 BAY WOODS ROAD
CITY-ST-ZIP: GULF BREEZE, FL 32563

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: Delete
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10. ADDITIONS / CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Mary E. Gramigna* REOMAR E. GRAMIGNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/03 850-916-0012

CR2E083 (10/02)