

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 NOV -5 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000114953

1. Entity Name
FUTURES CONSULTING, LLC



Principal Place of Business
2505 HARN BOULEVARD
#4
CLEARWATER, FL 33764

Mailing Address
2505 HARN BOULEVARD
#4
CLEARWATER, FL 33764

2. Principal Place of Business - No P.O. Box #
1211 N. Westshore Blvd
Suite 501
Tampa FL
33607 US

3. Mailing Address
1211 N. Westshore Blvd
Suite 501
Tampa FL
33607 US



09292009 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-7776452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GISONNI, ART
2505 HARN BOULEVARD
#4
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent
Name
John Morgan Brunson, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4250 Central Ave.
City
St. Petersburg FL Zip Code
33711

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 John Morgan Brunson DATE 10/6/09

(Signature: Typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2010, Fee will be \$377.50

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GISONNI, ART 2505 HARN BOULEVARD #4 CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 1211 N. Westshore Blvd - Suite 501 Tampa FL 33607
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 200161663892 10/13/09--01067--008 **213.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 200161663892 11/09/09--01002--004 **25.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Art Gisonni Manager 10/1/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #