

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023706

1. Entity Name
FUTURE RENEWABLE ENERGY ENTERPRISE, LLC



Principal Place of Business
**13044 HARTLE ROAD
CLERMONT, FL 34711 US**

Mailing Address
**13044 HARTLE ROAD
CLERMONT, FL 34711 US**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
05-0531316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNDY, JOCKLYN
13044 HARTLE ROAD
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

000000168551
08/09/04-80001-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEOP
MUNDY, L. NATHAN
13044 HARTLE ROAD
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MUNDY, L. NATHAN
13044 HARTLE ROAD
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MUNDY, JOCKLYN
13044 HARTLE ROAD
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Member 8.3.04

407.925.3300