

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90048 002 ****50.00

DOCUMENT # L02000023706

1. Entity Name

FUTURE RENEWABLE ENERGY ENTERPRISE, LLC



Principal Place of Business

Mailing Address

13044 HARTLE ROAD
CLERMONT FL 34711
US

13044 HARTLE ROAD
CLERMONT FL 34711
US

90158449

2. Principal Place of Business

3. Mailing Address

13044 Hartle Rd

13044 Hartle Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clermont, FL

Clermont, FL

Clermont, FL

Clermont, FL

34711

USA

34711

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

05-0531316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNDY, JOCKLYN
13044 HARTLE ROAD
CLERMONT, FL 34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8 Sep 03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, CEO, Manager
L. Nathaniel Mundy
13044 Hartle Rd
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
JOCKLYN MUNDY
13044 Hartle Rd
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

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

Sep 8, 2003 **707-905-3300**
Daytime Phone #

CR2E083 (4/03)