

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039443

FILED
Apr 20, 2012
Secretary of State

Entity Name: FUTURE VOICE, LLC

Current Principal Place of Business:

19501 NE 10TH AVENUE
BUILDING 1, SUITE C
NORTH MIAMI BEACH, FL 33179 0

New Principal Place of Business:

Current Mailing Address:

19501 NE 10TH AVENUE
BUILDING 1, SUITE C
NORTH MIAMI BEACH, FL 33179 0

New Mailing Address:

FEI Number: 20-1164059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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
Name: SANCHEZ-OCTAVIO, CONSUELO
Address: 19501 NE 10TH AV. SUITE 205
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM
Name: MILLAN, RAFAEL H
Address: 3049 NW 61ST STREET
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM
Name: LAGORIO, JUAN C
Address: OF. 3-11 TORRE E PARQUE CRISTAL AVE
City-St-Zip: MIRALDALOSPALOSGRANDESCARACA,

Title: MGRM
Name: MANDELL, JEFF
Address: 9725 NW 117TH AVE 3RD FLOOR
City-St-Zip: MIAMI, FL 33178

Title: MGRM
Name: BANDEL, STEVEN
Address: 121 ALHAMBRA PLAZA SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: CELLA, ROBERTO
Address: SAN JULIAN A TEIERIAS 25
City-St-Zip: SANTA ROSA CARACAS VENEZUELA,

I hereby 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: CONSUELO SANCHEZ

MGRM

04/20/2012

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