

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90036 037 \*\*\*\*50.00

**DOCUMENT # L05000003802**

1. Entity Name  
FUTURE BENEFITS II, LLC



Principal Place of Business  
315 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

Mailing Address  
315 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

40123164



**DO NOT WRITE IN THIS SPACE**

07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FOUKE, GEORGE L  
315 OAKLAND AVENUE  
INDIALANTIC, FL 32903

**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: UA

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 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FOUKE, GEORGE L  
315 OAKLAND AVENUE  
INDIALANTIC, FL 32903

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 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: George L. Fouke

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

Date

Daytime Phone

July 2 '07

321  
723-7550