

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003802

Entity Name: FUTURE BENEFITS II, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

315 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

315 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOUKE, GEORGE L  
315 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

CAIN, JULIE A  
2405 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

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: JULIE CAIN

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAIN, JULIE A  
Address: 2405 SOUTH HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP  
Name: LEACH, CHEYENNE  
Address: 2405 SOUTH HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901 US

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: JULIE CAIN

MG

04/27/2012

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