

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000042474

1. Entity Name
FUTURE INVESTMENT LLC



FILED

08 JUL 23 PM 3: 15

TALLAHASSEE, FLORIDA



Principal Place of Business
489 E HIALEAH DR
HIALEAH, FL 33010

Mailing Address
489 E HIALEAH DR
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #
19141 NW 57C1

3. Mailing Address
19141 NW 57C1

07222008 REIN-LLC CR2E101 (1/07)

City & State
F1

City & State
F1

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
33015

Country
Miami

Zip
33015

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JUAN CARLOS
489 EAST HIALEAH DR
HIALEAH, FL 33010

BK

Name
ADDRESS Change Only:
Street Address (P.O. Box Number is Not Acceptable)
19141 NW 57C1
City
Miami
FL
Zip Code
33015

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

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEREZ, JUAN CARLOS
321 NE 8 AVE
HIALEAH, FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS Change Only: ☐ Change ☐ Addition
19141 NW 57C1 Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400133971184
08/05/08--01007--010 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

REINSTATEMENT 2007-2008