

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000113501

Entity Name: FUTURE ELEMENT, LLC

FILED
Oct 12, 2007
Secretary of State

Current Principal Place of Business:

7860 SHELLBARK DR
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

7860 SHELLBARK DR
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 20-8119596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MLADEN, PETKOV M
7860 SHELLBARK DR
ORLANDO, FL 32818 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: MLADEN PETKOV

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MLADEN, PETKOV M
Address: 7860 SHELLBARK DR
City-St-Zip: ORLANDO, FL 32818

Title: MGR () Delete
Name: SVETOZAR, PETKOV M
Address: 7860 SHELLBARK DR
City-St-Zip: ORLANDO, FL 32818

Title: MGR () Delete
Name: VESSELIN, OBRECHKOV D
Address: 7860 SHELLBARK DR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MLADEN PETKOV

MGR

10/12/2007

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