

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094588

FILED
Oct 08, 2009
Secretary of State

Entity Name: FUTURE LIFESTYLES LLC

Current Principal Place of Business:

1297 N.E. 103RD STREET
MIAMI SHORES, 33138

New Principal Place of Business:

1297 N.E. 103RD STREET
MIAMI SHORES, FL 33138

Current Mailing Address:

1297 N.E. 103RD STREET
MIAMI SHORES, 33138

New Mailing Address:

1297 N.E. 103RD STREET
MIAMI SHORES, FL 33138

FEI Number: 80-0291812 **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:

BABIL, THOMAS I
1297 N.E. 103RD STREET
MIAMI SHORES, FL 33138 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: THOMAS I. BABIL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EMB HOLDINGS LLC
Address: 1000 ISLAND BLVD, UNIT 2103
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: CORE INGREDIENTS LLC
Address: 12815 N.W. 45TH AVE, BAY #4
City-St-Zip: OPA-LOCKA, FL 33054

ADDITIONS/CHANGES:

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: THOMAS I. BABIL

MR.

10/08/2009

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