

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000111047

Entity Name: FOSTER FUTURE LLC**Current Principal Place of Business:**460 NE 28TH ST
APT 3707
MIAMI, FL 33137**Current Mailing Address:**253 NE 2ND ST
APT. # 4108
MIAMI, FL 33132 US**FEI Number:** 37-1786958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYES, ADOLFO L
253 NE 2ND ST
APT. # 4108
MIAMI, FL 33132 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title AMBR
Name REYES, ADOLFO L
Address 253 NE 2ND ST
APT. # 4108
City-State-Zip: MIAMI FL 33132Title AMBR
Name CARVAJAL, ENEIDA
Address 253 NE 2ND ST
APT. # 4108
City-State-Zip: MIAMI FL 33132Title AMBR
Name REYES, ANDRES
Address 253 NE 2ND ST
APT. # 4108
City-State-Zip: MIAMI FL 33132Title AMBR
Name REYES, ISABEL C
Address 253 NE 2ND ST
APT. # 4108
City-State-Zip: MIAMI FL 33132Title AMBR
Name REYES, PAOLA A
Address 253 NE 2ND ST
APT. # 4108
City-State-Zip: MIAMI FL 33132

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADOLFO L REYES

AMBR

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date