

**2022 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 33132

Title AMBR  
Name CARVAJAL, ENEIDA  
Address 253 NE 2ND ST  
APT. #4108  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name REYES, ANDRES  
Address 253 NE 2ND ST  
APT. #4108  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name REYES, ISABEL C  
Address 253 NE 2ND ST  
APT. #4108  
City-State-Zip: MIAMI FL 33132

Title 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 LEON REYES SATIZABAL

AMBR

04/07/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date