

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000079781

**Entity Name:** FURNIKOURE LLC

**Current Principal Place of Business:**

2727 PLEASANT CYPRESS CIR  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2727 PLEASANT CYPRESS CIR  
KISSIMMEE, FL 34741

**FEI Number:** 86-2281636

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

YANETTE, ESCALONA C  
3050 LOOPDALE LN  
KISSIMMEE, FL 34741 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            PRESIDENT  
Name            ANDRADE ARISTIZABAL, DAVID F  
Address        2727 PLEASANT CYPRESS CIR  
City-State-Zip: KISSIMMEE FL 34741

Title            VP  
Name            PABON ARISTIZABAL, ANA M  
Address        2727 PLEASANT HILL CYPRESS CIR  
City-State-Zip: KISSIMMEE FL 34741

Title            AUTHORIZED MEMBER  
Name            SIRACUSA, PEDRO GABRIEL  
Address        12066 SCRUB PALM LANE  
City-State-Zip: ORLANDO FL 32804

*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:** ANDRADE ARISTIZABAL , DAVID F

**PRESIDENT**

**03/31/2023**

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

\_\_\_\_\_  
Date