

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000004316

**Entity Name:** FUTURA 1 LLC

**Current Principal Place of Business:**

1802 N ALAFAYA TRL.  
UNIT 139  
ORLANDO, FL 32826

**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**0697428383CC**

**Current Mailing Address:**

PO BOX 584  
CAGUAS, PR 00726 PR

**FEI Number:** 83-3070387

**Certificate of Status Desired:** Yes

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

DE DAVID, PAULETTE  
1802 N ALAFAYA TRL.  
UNIT 139  
ORLANDO, FL 32826 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 FUTURA 2, LLC  
Address PO BOX 584  
City-State-Zip: CAGUAS PR 00726

Title MGR  
Name DAVID, PAULETTE DE  
Address 1802 N ALAFAYA TRL.  
UNIT 139  
City-State-Zip: ORLANDO FL 32826

Title MGR  
Name LOPEZ, JULIO TORRES  
Address PO BOX 584  
City-State-Zip: CAGUAS 00726

Title AMBR  
Name AD-RI 1 LLC  
Address 10 EDGEWATER DR. APT. 14E  
City-State-Zip: CORAL GABLES FL 33133

Title AMBR  
Name JULIO TORRES LOPEZ RETIREMENT  
PLAN  
Address PO BOX 584  
City-State-Zip: CAGUAS PR 00726

*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:** JULIOTORRES

**MGR**

**01/18/2023**

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

\_\_\_\_\_  
Date