

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000392928

**Entity Name:** FT PITTSBURGH LLC

**Current Principal Place of Business:**

5301 BLUE LAGOON DR. SUITE 570  
MIAMI, FL 33126

**Current Mailing Address:**

5301 BLUE LAGOON DR. SUITE 570  
MIAMI, FL 33126 US

**FEI Number:** 88-4083280

**Certificate of Status Desired:** No

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

PARLADE LAW FIRM, P.A.  
7050 SW 86 AVENUE  
MIAMI, FL 33143 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 MGR  
Name GATICA BAEZA, JUAN ENRIQUE  
Address 5301 BLUE LAGOON DR. SUITE 570  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name GATICA ASTABURUAGA, JUAN ENRIQUE  
Address 5301 BLUE LAGOON DR. SUITE 570  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name SEPULVEDA PALMA, PATRICIO  
Address 5301 BLUE LAGOON DR. SUITE 570  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name EDWARDS, RICARDO  
Address 5301 BLUE LAGOON DR. SUITE 570  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name GATICA, PEDRO PABLO  
Address 5301 BLUE LAGOON DR. SUITE 570  
City-State-Zip: MIAMI FL 33126

*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:** PEDRO PABLO GATICA

**MANAGER**

**04/23/2024**

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

\_\_\_\_\_  
Date