

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000051963

**Entity Name:** PIONEER FAMILY OFFICE, LLC.**Current Principal Place of Business:**3323 NE 163RD ST.  
SUITE #508  
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**3323 NE 163RD ST.  
SUITE #508  
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** 32-0151458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAHUM, AVIRAM  
3323 NE 163RD ST.  
SUITE 508  
NORTH MIAMI BEACH, FL 33160 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	NAHUM, AVIRAM
Address	3323 NE 163RD ST SUITE 508
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	MGR
Name	GALIN, OMER
Address	8 HASADNAOT ST. 4TH FLOOR HERZLIYA PITUACH
City-State-Zip:	ISRAEL OC

Title	MGR
Name	BACAL, RUTHIE
Address	3323 NE 163RD ST. SUITE 508
City-State-Zip:	NORTH MIAMI BEACH FL 33160

  

Title	MGR
Name	GONEN, DAFNA
Address	8 HASADNAOT STREET, 4TH FLOOR HERTZELIYA PITUACH
City-State-Zip:	ISRAEL OC

*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:** RUTHIE BACAL**MANAGER - CCO****01/11/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date