

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000176120

**Entity Name:** MASTER FAMILY INVESTMENTS, LLC.

**Current Principal Place of Business:**

2530 ULYSSES RD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2530 ULYSSES RD  
TALLAHASSEE, FL 32312 US

**FEI Number:** 81-3920319

**Certificate of Status Desired:** No

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

MASTER, PARESH  
2530 ULYSSES RD  
TALLAHASSEE, FL 32312 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, MANAGER

Name MASTER, PARESH

Address 2530 ULYSSES RD

City-State-Zip: TALLAHASSEE FL 32312

Title AMBR

Name MASTER, THAKOR

Address 251 NORTH OATES

City-State-Zip: DOTHAN AL 36303

*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:** PARESH MASTER

**PRESIDENT**

**04/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date