

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000191449

Entity Name: FAMILY PROFIT LLC**Current Principal Place of Business:**2001 SW 67TH AVE
537
CORAL GABLES, FL 33155**Current Mailing Address:**213 W 9TH ST
APT 2
SOUTH BOSTON, MA 02127 US**FEI Number:** 83-1470919**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOKUM, ERIC N JR
2001 SW 67TH AVE
537
MIAMI, FL 33155 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	AR
Name	FOSSO, MAXIME
Address	1541 AGUA AVE
City-State-Zip:	CORAL GABLES FL 33156

Title	AR
Name	NGOUCHINGHE, STEPHANIE
Address	1541 AGUA AVE
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	NDJANKOUM , JONATHAN
Address	2001 SW 67TH AVE 537
City-State-Zip:	CORAL GABLES FL 33155

Title	AUTHORIZED REPRESENTATIVE
Name	MOKUM, DERIC AMABOH
Address	213 W 9TH ST APT 2
City-State-Zip:	BOSTON MA 02127

Title	DIRECTOR
Name	WANKI, HELEN SIRI
Address	7 LINDEN ST 213 W 9TH ST, BOSTON, MA, 02127, APT 2 1ST FLOOR
City-State-Zip:	FITCHBURG MA 01420

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: DERIC MOKUM

MR

09/03/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date