

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000239748

**Entity Name:** FAMILY FUSION INVESTMENTS LLC

**Current Principal Place of Business:**

5505 BOYNTON PLACE  
BOYNTON BEACH FL, FL 33437

**Current Mailing Address:**

5505 BOYNTON PLACE  
BOYNTON BEACH FL, FL 33437 US

**FEI Number:** 86-3234134

**Certificate of Status Desired:** No

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

FREEMAN, SABINE  
5505 BOYNTON PLACE  
BOYNTON BEACH, FL 33437 US

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**9241907164CC**

*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:** SABINE FREEMAN

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name FREEMAN, SABINE J  
Address 5505 BOYNTON PLACE  
City-State-Zip: BOYNTON BEACH FL FL 33437

Title AP  
Name RICHARDSON, ZONNYA M  
Address 1036 DUNN AVE  
STE 4-295  
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR  
Name CESAR, SAKENA B  
Address 2804 SMOOTH STONE TRAIL  
City-State-Zip: RALEIGH NC 27610

Title AMBR  
Name CESAR, SHAYNA R  
Address 2804 SMOOTH STONE TRAIL  
City-State-Zip: RALEIGH NC 27610

Title AMBR  
Name CESAR, MICHELLE J  
Address 9511 MINORCA WAY APT. 104  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title AMBR  
Name GENTLES, ANDRE  
Address 9511 MINORCA WAY  
APT. 104  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** SABINE FREEMAN

**MANAGER**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date