964-695-971L Daytime Phone #

- 16 - 01 Date

| 2001 | UNIFORM | BUSINESS | REPORT | (UBR |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| | | | | • | | 0 | | |
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| | | 0003541 | , | | | 8 | | |
| 1. Entity Name FAMILY | ne FUND INVESTMENTS, LLC | • | FILED | | | | | |
| • | | | | | 01 JAN 18 AM 9:12 | | | |
| Principal Place of Business Mailing Address 1900 N.W. 40TH COURT, BUILDING 1 1900 N.W. 40TH COURT, BUILDING 1 POMPANO BEACH FL 33064 Mailing Address 1900 N.W. 40TH COURT, BUILDING 1 POMPANO BEACH FL 33064 | | | IG 1 | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| | | | | | | il i rr i | | |
| 2. Principal F | Place of Business | 3. Mailing Address | Mailing Address | | - I (OORKON DID KOKO KONK DANK DANK BOKA BOKK DADA KKO BIKU DIATI NOK HAGI | | | |
| Suite, Apt. #, etc. Si | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| City & State Ci | | City & State | ity & State | | 4. FEI Number 65-0928320 Applied For | | | |
| Zip Country Zi | | Zip | p Country | | 5. Certificate of Status Desired Status Desired Status Desired Fee Required | | | |
| | 6. Name and Address of Current R | enistered Anent | <u> </u> | <u></u> | 7. Name and Address of New Registered Agent | | | |
| ^ - | and the second s | | | Name | 7. Name and Address of New Registered Agent | - | | |
| | A, ANTHONY E | | | Street Address | on (BO Boy Number is Not Acceptable) | | | |
| | V. 40TH COURT, BUILDING 1 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| POMPAN | O BEACH FL 33064 | | | | | | | |
| | | | | | FL Zip Code | | | |
| 8. The above | named entity submits this statement for t | he purpose of changing its | register | ed office or regis | stered agent, or both, in the State of Florida. | | | |
| | The state of the s | are purpose or chariging its | registert | pa omec or regio | stered agent, or both, in the state or Fortua. | ı | | |
| SIGNATURE . | | | | | | _ | | |
| | Signature, typed or printed name of registered agent and | title if applicable. (NOT | : Registere | d Agent signature requ | uired when reinstating) DATE | | | |
| | • | FILE NO | !!!!WC | FEE IS \$50.0 | 0 | | | |
| | Januar | Make Check Pa | yable t | o Department | t of State | | | |
| 9. | MANAGING MEMBER | S/MEMBERS | 10. | | ADDITIONS/CHANGES | | | |
| TITLE | MGR | ☐ Detete | TITLE | | | ddition 8 | | |
| NAME | CIMAGLIA, ANTHONY E 1900 N.W. 40TH COURT, BUILDIN | G 1 | NAM | Ε | · · · · · · · · · · · · · · · · · · · | (1/ | | |
| Street adoress City-St-Zip | POMPANO BEACH FL 33064 | G 1 | | ET ADDRESS -ST-ZIP | • | noitibb | | |
| TITLE | | ☐ Delete | | | ☐ Change ☐ A | | | |
| NAME | | □ Delete | TITLE NAMI | | L Change L A | ddition 5 | | |
| STREET ADDRESS | · . | | | ET ADDRESS | | | | |
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| NAME Street address | | . ———————————————————————————————————— | NAMI STRE | E Et address | ************************************** | " | | |
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| VAME | 4 | LI Delete | NAME | 1 | // . Change Living | MINOR | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
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| IITLE (| | ☐ Delete | TITLE | | ☐ Change ☐ A | ddition | | |
| STREET ADS/RESS | | • | | ET ADDRESS | | .] -: | | |
| CITY-ST-ZIP | | , | | ST-ZIP | | | | |
| inaicatea - | ertify that the information supplied with tr on this report is true and accurate and th oility company or the receiver or trustee e | at mv signature shall have t | he same | i legal effect as it | Section 119.07(3)(i), Florida Statutes. I further certify that the informat f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes. | ion | | |