

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000004581

**Entity Name:** FORAM FAMILY FUND, LLC

**Current Principal Place of Business:**

2602 BARNARD STREET  
SAVANNAH, GA 31401

**Current Mailing Address:**

2602 BARNARD STREET  
SAVANNAH, GA 31401 US

**FEI Number:** 47-2768967

**Certificate of Status Desired:** No

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

STRINGER, KRISTIN L  
335 S. BISCAYNE BLVD  
1009  
MIAMI, FL 33131 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  
Name LORETTA COCKRUM REVOCABLE TRUST  
Address 11 E 50TH STREET  
City-State-Zip: SAVANNAH GA 31405

Title AMBR  
Name SENNEFF, CHRIS  
Address 1430 BRICKELL BAY DRIVE #906  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MAROF ENTERPRISES, INC  
Address 2602 BARNARD STREET  
City-State-Zip: SAVANNAH GA 31401

Title AUTHORIZED REPRESENTATIVE  
Name STRINGER, KRISTIN L  
Address 2602 BARNARD STREET  
City-State-Zip: SAVANNAH GA 31401

Title AUTHORIZED REPRESENTATIVE  
Name STRINGER, TRAVIS K  
Address 2602 BARNARD STREET  
City-State-Zip: SAVANNAH GA 31401

*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:** KRISTIN STRINGER

**AUTHORIZED REPRESENTATIVE**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date