

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000159481

**FILED**  
**Oct 07, 2020**  
**Secretary of State**  
**3950407229CR**

**Entity Name:** THE FAMILY INVESTMENT TRUST, LLC

**Current Principal Place of Business:**

1112 NE 176 TERRACE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1112 NE 176 TERRACE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

FLORIDA PHARMCONSULT,  
1112 NE 176 TERRACE  
NORTH MIAMI BEACH, FL 33162 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:** FLORIDA PHARMCONSULT

10/07/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AVRAHAM A FRIEDMAN LIVING TRUST MGR MBR  
Address 1112 NE 176TH TER  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR  
Name TOIBE JONA FRIEDMAN LIVING TRUST MGR MBR  
Address 1112 NE 176 TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** AVRAHAM A FRIEDMAN

MGR MBR

10/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date