

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000019708

Entity Name: JAKAB INSURANCE LLC

Current Principal Place of Business:

2220 COUNTY ROAD 210 WEST
STE 108 PMB 432
JACKSONVILLE, FL 32259

Current Mailing Address:

2220 COUNTY ROAD 210 WEST
STE 108 PMB 432
JACKSONVILLE, FL 32259 US

FEI Number: 36-4683440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAKAB, SCOTT J
3108 CANOE COURT
ST JOHNS, FL 32259 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 OWNER
Name JAKAB, SCOTT
Address 666 NE DIXIE HWY
City-State-Zip: JENSEN BEACH FL 34957

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: SCOTT JAKAB

OWNER

03/18/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date