

**2016 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

03/01/2016

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

\_\_\_\_\_ Date