2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2025
Secretary of State
8673957757CC

DOCUMENT# L22000333384

Entity Name: FAMILY FIRST INSURANCE GROUP LLC

Current Principal Place of Business:

8019 SWAMP FLOWER DR E
JACKSONVILLE, FL 32244

Current Mailing Address:

8019 SWAMP FLOWER DR E
JACKSONVILLE, FL 32244 US

FEI Number: 88-3767871

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, ANN MARIE
8019 SWAMP FLOWER DR E
JACKSONVILLE, FL 32244 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: ANN MARIE MILLER 02/05/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	HALL, KRISTINE N
Address	2847 GOLDEN POND BLVD
City-State-Zip:	ORANGE PARK FL 32073

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: KRISTINE N HALL MGR 02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date