

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034889

Entity Name: FAMILY FIRST INSURANCE, PLC

Current Principal Place of Business:

3750 US 27 NORTH
SUITE103
SEBRING, FL 33870

Current Mailing Address:

3750 US 27 NORTH
SUITE103
SEBRING, FL 33870

FEI Number: 26-4657768

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MINGACCI, TRACY
3750 US 27 NORTH SUITE 103
SEBRING, FL 33870 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 MGRM
Name MINGACCI, TRACY
Address 3750 US 27 NORTH SUITE 103
City-State-Zip: SEBRING FL 33870

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: TRACY MINGACCI

OFFICE MANAGER

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date