

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054515

**Entity Name:** JACK FAMILY INSURANCE, LLC

**Current Principal Place of Business:**

7491 N FEDERAL HWY C6  
BOCA RATON, FL 33487

**Current Mailing Address:**

7491 N FEDERAL HWY C6  
BOCA RATON, FL 33487 US

**FEI Number:** 45-5159831

**Certificate of Status Desired:** No

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

JACK, WILHELMINA  
7491 N FEDERAL HWY C6  
BOCA RATON, FL 33487 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 JACK II, JOHN A  
Address 7491 N FEDERAL HWY C6  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name JACK, WILHELMINA  
Address 7491 N FEDERAL HWY C6  
City-State-Zip: BOCA RATON FL 33487

*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:** WILHELMINA A JACK

MGRM

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date