

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054515

Entity Name: JACK FAMILY INSURANCE, LLC

Current Principal Place of Business:

534 NE 5TH AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

534 NE 5TH AVE
DELRAY BEACH, FL 33483 US

FEI Number: 45-5159831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACK, WILHELMINA
534 NE 5TH AVE
DELRAY BEACH, FL 33483 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 534 NE 5TH AVE
City-State-Zip: DELRAY BEACH FL 33483

Title MGRM
Name JACK, WILHELMINA
Address 534 NE 5TH AVE
City-State-Zip: DELRAY BEACH FL 33483

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 JACK

MGRM

01/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date