2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
CC9934741461

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
311 NW 11TH ST
DELRAY BEACH, FL 33444 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	Title	MGRM
Name	JACK II, JOHN A	Name	JACK, WILHELMINA
Address	7491 N FEDERAL HWY C6	Address	7491 N FEDERAL HWY C6
City-State-Zip:	BOCA RATON FL 33487	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 JACK MGRM 03/07/2016

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