

2014 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
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
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

OWNER

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date